

TEMPORARY VACANT HOUSE FORM

DATE OF REPORT:	
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TIME:	
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NAME:	
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HOME #:	
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ADDRESS:	
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ALARM:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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DESTINATION STATE:	
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EMERGENCY #:	
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DEPARTURE DATE:	
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RETURN DATE:	
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LOCAL CONTACT:		<input type="checkbox"/> None
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ADDRESS:	
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PHONE #/s:	
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KEYS:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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LIGHTS ON:	INSIDE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Timers	OUTSIDE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Timers
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CARS IN DRIVE:	<input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE/S:	
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SHOULD ANYONE BE IN/AT HOUSE:	<input type="checkbox"/> Yes <input type="checkbox"/> No	LIST NAMES BELOW
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NAME:	
NAME:	
NAME:	

REASON:	
REASON:	
REASON:	

NOTES:	
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