

Case#: \_\_\_\_\_



**VILLAGE OF HOMER POLICE DEPARTMENT  
VACANT HOUSE CHECK  
OWNER / CONTACT INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address to be Checked: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Can You be reached While Away? **Yes / No** If **"Yes"** Phone Number: \_\_\_\_\_

Is Your Residence Equipped With an Alarm System? **Yes / No**

If **"Yes"** Alarm Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is Alarm in Service? **Yes / No** If **"Yes"** Type of Alarm: Monitored / Audible / Video

Lights on Timers? **Yes / No** What Time do Lights Come on: \_\_\_\_\_

Snow Plowing Service? **Yes / No** Name on Company / Person: \_\_\_\_\_

Any damage to Residence at This Time? **Yes / No** Type/Location: \_\_\_\_\_

Vehicles Being Left at Residence? **Yes / No** If **"Yes"** Description and Plate Number: \_\_\_\_\_

Will Anyone Checking Your Residence Besides the Police ? **Yes / No** If **"Yes"**, Names and Vehicle Description: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**LOCAL EMERGENCY CONTACT PERSON INFORMATION** (Local: 15 – 20 minute response to residence)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does Persons have a set of keys? **Yes / No**

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does Persons have a set of keys? **Yes / No**

The Police Department will make every effort to contact you first then a contact person in the event of a problem or emergency at your residence.

**\*Reminders:** make sure your residence is secure (all doors and windows are locked); you have placed a hold on your mail, newspapers or any other deliveries; secure any valuables or firearms in a safe or at other location; other safety tasks are completed (batteries in smoke detectors changed and precaution so pipes do not freeze).

**\*The Village of Homer Police Department extends Vacant House Checks to residents as a courtesy and should not be misconstrued as an obligation on the part of the Department. The Village of Homer Police Department is not to be considered the caretaker or custodian of any property and assumes no responsibility for loss or damage to any property listed above. I hereby acknowledge that I have read, understand and agree to the above statement.**

Resident/Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Form can be mailed to: Village of Homer Police Department, 43 ½ James St, Homer, NY 13077 or emailed to: rrafferty@homerny.org

If received by phone, name of the officer / personnel completing this form: \_\_\_\_\_

\*sections to be read to resident