

Ridgefield Police Department
Vacant Premises Log

Premises Vacant:

Date: ____/____/____

From: ____/____/____ To: ____/____/____

Other: _____

Premises Information:

Last Name: _____ First: _____ MI _____

Street Address: _____

Location on Street: _____

Description of House: _____

Home Phone: _____ - _____

Cell Phone: _____ - _____

Lights on Timer: Yes ☐ No ☐

Alarmed: Yes ☐ No ☐

Miscellaneous Information: (Cars in Driveway, Pets, Maintenance, etc.)

Address(es) / Phone(s) While Away:

Phone: _____

Phone: _____

Phone: _____

Contact / Caretaker / Keyholder Information:

Name(s): _____

Address: _____

Home Phone: _____ - _____

Cell Phone: _____ - _____

I UNDERSTAND THAT THIS FORM IS FOR RECORD KEEPING AND/OR EMERGENCY NOTIFICATION PURPOSES ONLY. I UNDERSTAND THAT THE LOCATION LISTED ABOVE WILL NOT BE ROUTINELY CHECKED BY THE RIDGEFIELD POLICE DEPARTMENT. THIS FORM WILL BE REMOVED FROM OUR FILE UPON EXPIRATION OF THE RETURN DATE LISTED ABOVE.

Signature: _____

PD USE ONLY: Officer ID: _____ Sector: _____