TOWN OF CORNWALL POLICE DEPARTMENT
VACANT HOUSE REPORT

NAME_____

ADDRESS_____

DATE LEAVING_____**DATE RETURN**_____

KEYS LEFT WITH_____**PHONE #**_____

CONTACT OWNER AT_____

OWNER'S CELL NUMBER _____

PROVISION FOR NIGHT LIGHT? **YES**_____ **NO**_____

OTHER INFORMATION_____

REPORT TAKEN BY_____**DATE**_____

DATE	TIME	OFFICER	REMARKS