

**VACANT PROPERTY NOTIFICATION**

**PROPERTY INFORMATION**

Vacancy Start Date

Vacancy End Date

Occupant Name

Address

Telephone (24 hr)

E-Mail Address

Will lights be left on ?

 Yes

 No

Give Locations

Will cars be left on property?

 Yes

 No

Description of Vehicles

**EMERGENCY CONTACT INFORMATION**

Name

Address

Telephone (24 hr)

**Does this person have keys to your residence ?**

 Yes

 No

**ALARM COMPANY INFORMATION**

Do you have a working alarm system at this property?

 Yes

 No

Company Name

Telephone (24 hr)



By checking this box, I have hereby affirm that I have provided this data to the North Aurora Police Department for informational purposes only. I understand that the North Aurora Police Department is not assuming or accepting any special duty to protect my property other than normally provided by law.

Submitted By (Name)

Date