

STRATFORD Police Department

Vacant House Complaint

Disclaimer: This Vacant House / Building report is in no way meant to be a guarantee to the property owner that the Police Department will check this property on a regular basis, nor is it intended to be a promise, or in any way indicate to the property owner that this property will be checked on a regular basis.

Date	Time	Case Number
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Please Print All Information:

Complainant's Name			Dates house will be vacant	
Address			From	
Telephone	Home	Work	To	

Vacant Building Address

Regular Home Conditions (Please provide as much detail as possible such as broken windows, damaged door frames, etc.)

Lights On?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Room(s)
outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location(s)
Pets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
dog(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breed <input style="width:200px" type="text"/> Name <input style="width:100px" type="text"/>
cat(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breed <input style="width:200px" type="text"/> Name <input style="width:100px" type="text"/>
Key Holder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name <input style="width:200px" type="text"/> Phone <input style="width:100px" type="text"/>
Alarm System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company Name <input style="width:200px" type="text"/> Phone <input style="width:100px" type="text"/>
Vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Description <input style="width:200px" type="text"/> Marker Plate <input style="width:100px" type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Information

Please list the names of all those individuals expected to be visiting the property and have permission to be there.

Name	<input style="width:450px" type="text"/>		
Address	<input style="width:450px" type="text"/>		
Telephone	Home <input style="width:150px" type="text"/>	<input style="width:250px" type="text"/>	
Name	<input style="width:450px" type="text"/>		
Address	<input style="width:450px" type="text"/>		
Telephone	Home <input style="width:150px" type="text"/>	<input style="width:250px" type="text"/>	
Name	<input style="width:450px" type="text"/>		
Address	<input style="width:450px" type="text"/>		
Telephone	Home <input style="width:150px" type="text"/>	<input style="width:250px" type="text"/>	

Date Closed	Commanding Officer <input style="width:450px" type="text"/>
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Case Number