

Marquette Police Department: Vacant Home Request Form

General Information

Homeowner's Name:

Phone Number: _____

Property Address: _____

Departure Date: _____ Return Date: _____

Type of Building - Private Residence: ____ Business: ____ Other: ____

Keyholder Information

Keys left with third party? Yes: ____ No: ____

Third Party Name: _____

Address: _____

Phone Number: _____

Authorized Access

Will anyone have access to residence/building? Yes: ____ No: ____

Names: _____

Lighting

Lights left on in residence/building: Yes: ____ No: ____

Vehicles

Any vehicles left on premises? Yes: ___ No: ___

Location of Vehicles: _____

Make, Model, Color, Registration: _____

Pets

Any animals left on the premises? Yes: ___ No: ___

Type of Animal: _____

Location of Animal: _____

Emergency Contact

Name: _____

Phone Number: _____

Additional Information
