



**City of Summit Police Department
Unoccupied Building Report**



Name of Resident: _____

Address: _____

Vacant: From _____ To _____ Furnished _____ Unfurnished _____

Person to Communicate With: _____

Address: _____ Phone Number: _____

Key Left At (Address): _____ Phone Number: _____

Information Given By: _____ Form on File _____

Date Received: _____ Time: _____ City Area: _____

Remarks: Automatic Lights Alarm

Turn Over for Additional Information