ATTICA POLICE DEPARTMENT

VACANT HOUSE OR BUSINESS CHECK

START DATE: _____ END DATE: _____

NAME OF RESIDENT: _____

ADDRESS: _____

HOME PHONE #: _____

CELL PHONE #: _____

OFFICER	DATE & TIME CHECKED

IN CASE OF PROBLEM OR EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

HOME PHONE#: _____

CELL PHONE #: _____