



# Groton Long Point Police Department

- Vacant House/ Property Report
- Resident Well-being/ Emergency Contact Information\*

Please select purpose of this form. Check the applicable box(es).

Address: \_\_\_\_\_ Name: \_\_\_\_\_

Residence Phone#: \_\_\_\_\_ Key on File? \_\_\_\_\_ Key#: \_\_\_\_\_

Cell#: \_\_\_\_\_ Other#: \_\_\_\_\_

Winter Address: \_\_\_\_\_ Winter#: \_\_\_\_\_

DEPARTING DATE: \_\_\_\_\_

BACK HOME DATE: \_\_\_\_\_

### EMERGENCY CONTACT (S): PLEASE PLACE IN ORDER OF DESIRED CONTACT

#1): \_\_\_\_\_ #3): \_\_\_\_\_

#2): \_\_\_\_\_ #4): \_\_\_\_\_

EMAIL account(s) \_\_\_\_\_

Freeze Light? \_\_\_\_\_ Location?: \_\_\_\_\_ Color?: \_\_\_\_\_

Light Activation Call (name/telephone): \_\_\_\_\_

Alarm? \_\_\_\_\_ Company? \_\_\_\_\_ Reset Locally OR Remotely (circle)

Alarm Activation Call (name/telephone): \_\_\_\_\_

Any Interior OR Exterior Lights on? \_\_\_\_\_ If Yes - Where?: \_\_\_\_\_

### VEHICLE'S LEFT AT RESIDENCE TO INCLUDE REGISTRATION, MAKE & MODEL

\_\_\_\_\_  
\_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signed: \_\_\_\_\_

Police Officer: \_\_\_\_\_

CFS # \_\_\_\_\_ Entered/Updated by \_\_\_\_\_ Date \_\_\_\_\_

**\*SEE REVERSE SIDE OF FORM FOR "Resident Well-being/ Emergency Contact" information.**

## Resident well-being/ Emergency contact information:

This voluntary information may be used by the Groton Long Point Police Department and its employees in the performance of official duties.

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MEDICAL INFO/ OTHER CONCERNS (voluntary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSON(S) TO CALL IN AN EMERGENCY:

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

OTHER INFO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_