## Manasquan Police Department

## Vacant House Registration Form

| Location You Can Be Reached In Emergency  Location:  Telephone No.:  Address:  Vehicles Left At Residence (If Applicable)  Make:  Color:  License Plate & State:  Make:  Color:  License Plate & State:  Local Emergency Contact(s)  Name:  Telephone No.:   | Name:                                      | 1 i cinise | Intormation                             |        | Telephone No.:    |  |
|--|--|------------|---|--------|-------------------|--|
| Date House Vacant:    Return Date:   Cowner   Tennant  | Address:                                   |            |   |        |                   |  |
| Location You Can Be Reached In Emergency   | Tradit cos.                                |            |   |        | □ Owner □ Tennant |  |
| Color:   Color:   License Plate & State:   | Date House Vacant:                         |            | Return Date                             | e:     |                   |  |
| Color:   Color:   License Plate & State:   | Location You Can Be Reached In Emergency   |            |   |        |                   |  |
| Vehicles Left At Residence (If Applicable)   Make:   | Location: Telephone N                      |            |   | No.:   |                   |  |
| Make: Color: License Plate & State:  Make: Color: License Plate & State:  Make: Local Emergency Contact(s)  Name: Telephone No.:  Address: Has Key: Yes No  Address: Has Key: Yes No  Additional Information  Police Department Use Only  Date Checked Time Officer Comment(s)   | Address:                                   |            |   |        |                   |  |
| Make: Color: License Plate & State:  Make: Color: License Plate & State:  Make: Local Emergency Contact(s)  Name: Telephone No.:  Address: Has Key: Yes No  Address: Has Key: Yes No  Additional Information  Police Department Use Only  Date Checked Time Officer Comment(s)   | Vehicles Left At Residence (If Applicable) |            |   |        |                   |  |
| Make:   Color:   License Plate & State:  | Make:                                      |            |   |        |                   |  |
| Name:    Address:  | Make:                                      | Color:     | Color: Lice                             |        | se Plate & State: |  |
| Name: Telephone No.:  Address: Has Key:  | Make:                                      | Color:     | Color: Licens                           |        | e Plate & State:  |  |
| Name: Telephone No.:  Address: Has Key:  | Local Emergency Contact(s)                 |            |   |        |                   |  |
| Name:  Address:  Has Key:   Yes   No    Address:  Has Key:   Yes   No    Additional Information  Police Department Use Only  Date Checked Time Officer Comment(s)  | Name:                                      |            |   |        | Telephone No.:    |  |
| Name: Telephone No.:  Address: Has Key:  | Address:                                   |            |   | ·      |                   |  |
| Additional Information    Police Department Use Only   Comment(s)   Co | Name:                                      |            |   |        |                   |  |
| Police Department Use Only  Date Checked Time Officer Comment(s)   |  |            |   |        |                   |  |
| Police Department Use Only  Date Checked Time Officer Comment(s)   |  |            |   |        |                   |  |
| Date Checked Time Officer Comment(s)   | Additional Information                     |            |   |        |                   |  |
| Date Checked Time Officer Comment(s)   |  |            |   |        |                   |  |
| Date Checked Time Officer Comment(s)   |  |            |   |        |                   |  |
| Date Checked Time Officer Comment(s)   |  |            |   |        |                   |  |
| Date Checked Time Officer Comment(s)   |  |            |   |        |                   |  |
| Date Checked Time Officer Comment(s)   |  |            |   | ······ |                   |  |
|  |  |            |   |        |                   |  |
|  | Date Checked                               | Time       | Officer                                 |        | Comment(s)        |  |
|  |  |            |   |        |                   |  |
|  |  |            | ,                                       |        |                   |  |
|  |  |            | *************************************** |        |                   |  |
|  |  |            |   |        |                   |  |
|  |  |            |   |        |                   |  |
|  |  |            |   |        |                   |  |
| Date Notified of Return: Dispatcher/Officer:   | Date Notified of Return:                   | Dispatel   | ner/Officer:                            |        |                   |  |
| Disputerer/Officer.  |  |            |   |        |                   |  |