

Marquette University Department of Public Safety Vacant House Watch

Please Print

Milwaukee address: _____

Apartment number: _____ or (circle one): Entire house Upper level Lower level

Milwaukee residence telephone: _____

Residents will **leave** on: _____ / _____ / _____ AM or PM (circle one)

Residents will **return** on: _____ / _____ / _____ AM or PM (circle one)

Names and phone numbers (during vacancy) of persons living at this residence:

1) _____ / _____ 5) _____ / _____

2) _____ / _____ 6) _____ / _____

3) _____ / _____ 7) _____ / _____

4) _____ / _____ 8) _____ / _____

(Use other side for additional names if necessary)

Resident to contact during vacancy, in case of emergency:

Name: _____

Address during vacancy: _____

City: _____ State: _____

Telephone during vacancy: (_____) _____

During the vacancy: (circle one answer)

Will curtains be open? Yes No

Has mail and newspaper delivery been stopped? Yes No

Is there an alarm system? Yes No

Will lights be lit? Yes No

If yes, are they: Exterior Interior Both

Owner / Manager / Management Company of the residence:

Name: _____

Phone: _____

DPS USE ONLY

Date form rec'd _____ Zone _____ Entry# _____