

Waukesha County Sheriff's Department

City of Pewaukee Contract
Vacant Premise Check

Name: _____

Address: _____

Home#: _____

Cell#: _____

Start Date: _____

End Date: _____

Keyholder: _____

Keyholder Phone #: _____

Emergency Contact: _____

Alarm on Residence: _____

Pets in House: _____

Cars in Driveway: _____

Lights: Continuous = C

Timed = T

Living Room: _____

Hallway: _____

Family Room: _____

Kitchen: _____

Bathroom: _____

Outside: _____

Bedroom: _____

Basement: _____

Other: _____

Comments:

Date Report Taken: _____

Filled Out By: _____

