# TOWN OF FARMINGTON
# VACANT REGISTRATION FORM

Please fill out this form completely and return it to
Farmington Police Department
319 New Britain Ave. Unionville, CT 06085
Fax# 860-675-7138

DATE _____/____/_____ VH#_____ (Issued by Police Department)

NAME: _____

ADDRESS: _____

PHONE NUMBER ( ) _____

ALARM ON PREMISE ( ) Yes ( ) No

MONITORING ALARM COMPANY _____

TYPE OF PREMISE

( ) Commercial or Industrial

( ) House Keeping / Maintenance Name _____

( ) Lights on timers Locations _____

_____

( ) Car(s) in driveway Plates _____

_____

LEAVING DATE _____/_____/_____
(minimum of 5 days)

SPECIAL INSTRUCTIONS: _____

RETURNING DATE _____/_____/_____
(maximum of 15 days)

_____

ALARM AUTOMATICALLY RESETS
( ) YES
( ) NO

_____

_____

CONTACT PERSON-KEY HOLDER
(REQUIRED)

PHONE #

1._____ ( ) _____ - _____

2._____ ( ) _____ - _____

Signature of Homeowner _____

Vacanhousereg/2002