



Updated July 2014

Notice of Temporary Vacancy
(Information confidential-To be completed by Requestee)

Date Form Completed by Requestee: [Date Received by Police Division:]

A. Occupant Information

Occupant Last Name: Occupant First Name:
Address:
Requested by: Phone:

B. Vacancy and Premises Information

Reason for Request: [] Vacation [] Other (Specify):
Date Requested From: Through:

Type of Premise: [] Residence [] Apartment
[] Other (Specify- Business/Vacant Bldg./Etc.)

Premise Alarmed?: [] Yes [] No (If yes, alarm type:)

Occupant(s) who can reset alarm:

Can others reset the alarm? [] Yes [] No
Name: Address: Phone:

Lights: [] Constant [] Timer(s) [] No Lights
Timers: Outside Front on Front off
Back on Back off
Inside Downstairs on Downstairs off
Upstairs on Upstairs off

Newspaper Stopped: [] Yes [] No Mail Stopped: [] Yes [] No

Keys left with anyone: [] Yes [] No
Name: Address: Phone:
Name: Address: Phone:

Other persons with access to the premises (Workers, Persons Picking Up Mail, Etc.)
Name: Purpose:
Name: Purpose:

Vehicles left on premises: Yes No In garage In driveway
Year: _____ Make: _____ Color: _____ License#: _____ State: _____
Year: _____ Make: _____ Color: _____ License#: _____ State: _____
Are vehicles to be used? Yes No User's Name: _____
User's Home Phone: _____ User's Work Phone: _____

C. Emergency Contact Information and Authorization to Enter Premises

In case of emergency, do you wish to be notified by collect call? Yes No
Name: _____ Address: _____ Phone: _____

Person to notify in case of emergency (locally):
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Would you like to authorize police to enter your premises should a potential threat arise in the area and/or involving your premises? Yes No

D. Terms of Request

I understand that the above request is to notify the Upper Arlington Police Division that my residence will be temporarily unoccupied, and that no routine physical check will be made of the premises unless an emergency situation exists at that premises or in the immediate vicinity. I also understand that this notification imposes no special responsibility upon the Upper Arlington Police Division for the security of my residence during my absence.

I also agree to call the Police Communications Unit (583-5410 – 24-Hour Operation) should I/we return prior to the date given; otherwise notice is self-cancelling three (3) days after return date.

Homeowners shall save and hold the City harmless for any and all loss or damage caused to property or to a third party as a result of this agreement or any act performed under the color of this agreement.

(By typing my name in full, I acknowledge that I have read and accepted this document in its entirety and certify the information I have provided.) (Date)

Upon completion of this form, please present to the Police Desk Officer or submit via mail, email or fax to:
Upper Arlington Police Division
3600 Tremont Road, Upper Arlington, Ohio 43221
Email: jprice@uaoh.net | Fax: 614-459-1317