



VICTORIA POLICE ABSENCE FROM RESIDENCE

Index Number

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PLEASE COMPLETE THIS FORM AND HAND IT TO YOUR LOCAL POLICE STATION

Name: First Name Family Name

Address:

Telephone Number

Duration of Absence: From: To:

Address During Absence:

Telephone Number

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Are you using a car during your absence? Yes No

If Yes to the above, please supply the details of your vehicle:

Make: Type Registration Number

Are automatic timers installed in your premises? Yes No

Are you leaving the lights on in your premises during your absence? Yes No

Will there be any vehicles at your premises whilst you are away? Yes No

If Yes to the above, please supply details of those vehicles:

Make: Type Registration Number

Make: Type Registration Number

Person to contact in case of an emergency:

Name: First Name Family Name

Address:

Telephone Number:

Relationship:

Are you leaving a key to your premises with anyone? Yes No

If Yes to the above, please supply the details of that person:

Name: First Name Family Name

Address:

Telephone Number:

Have you arranged for someone to feed your pet or attend to household necessities during your absence? (ie. Clearing letter box, maintaining lawns, parking their vehicle in your driveway etc.) Yes No

If Yes to the above, please supply the details of that person:

Name: First Name Family Name

Address:

Telephone Number:

Is there any further information that may assist police in protecting your property?

SIGNATURE: