



PHILADELPHIA POLICE DEPARTMENT
ABANDONED PROPERTY REPORT

Mail, FAX or deliver this form to your local police district. If you don't know what district is responsible for this property, you can find out by studying the District Locator that is available on the Philadelphia Police Department's web site located at <http://www.ppdonline.org/>.

INSTRUCTIONS:

Complete this form to the best of your ability. When completed, mail or fax this form to the Abandoned Property Team of your local police district. Please include as much information as you can so that we may expedite the sealing process. Incomplete forms or unreadable writing will complicate the processing of your report and may result in delays in securing this property. An online version of this report form is available for electronic submission of this data. It is available on the Internet at: <http://www.ppdonline.org/>. If desired, you may attach a photo or other imagery of the property being reported to aid our identification. Items marked with an asterisk * are required by other agencies that are involved in the abatement effort.

REPORTS SUBMITTED WITHOUT A NUMERICAL STREET ADDRESS MAY BE SUBJECT TO SIGNIFICANT PROCESSING DELAYS.

DO NOT WRITE IN THIS SPACE

DATE RECEIVED: _____

PHONE E-MAIL MAIL OTHER: _____

INTAKE PERSON: _____

PAYROLL / BADGE NUMBER: _____

CONTROL NUMBER: _____

Property is next door to an elderly or handicapped resident.
 Property is near a school or place of worship.

PROPERTY LOCATION & OWNER INFORMATION

PROPERTY ADDRESS : (An exact street address is required.) PROPERTY'S ZIP:*

OWNER'S NAME: (If Known) OWNER'S PHONE:

OWNER'S ADDRESS:

CITY STATE: ZIP:

PROPERTY DESCRIPTION

PROPERTY TYPE : (Please check only one)

Commercial—Warehouse/Manufacturing Residential—Apartment Building Other: (Please identify)
 Commercial—Retail Sales Residential—Single Family Dwelling

STRUCTURE STATUS : (Please check all that apply)

Vacant & Unoccupied Previously Sealed—Forced Open Fire Damaged
 Evidence of Squatter Habitation Criminal Activity Present Unsafe to Enter—Collapse Imminent

UTILITY STATUS—CHECK ALL THAT APPLY: (This information is required by other city agencies. If known and provided, it will expedite the process.)

No Utilities Active Gas Heat Service (PGW) Active Electrical Service (PECO) Active
 Phone Service (Bell Atlantic) Active Oil / Other Heat System Active Water Service Active

CRIMINAL ACTIVITY

IDENTIFY CRIMINAL ACTIVITY : (Please check all that apply)

Narcotics Sales / Distribution Inside Narcotics Manufacture Inside Prostitution Inside
 Narcotics Use Inside Narcotics Storage Inside Other:

EXPLAIN CRIMINAL ACTIVITY : (Please describe the criminal activity that is occurring at this property.)

COMPLAINANT INFORMATION — REQUIRED (Licenses & Inspections will not respond to anonymous complaints)

NAME: _____ ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____ WORK PHONE _____ E-MAIL ADDRESS: _____

I certify that the information provided by me is true, complete and correct to the best of my knowledge and is made in good faith. I understand that if I make any misstatement I am subject to criminal prosecution and other penalties as may be prescribed by law, ordinance, or regulation.

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY — DO NOT WRITE BELOW THIS LINE