

HANOVER POLICE DEPARTMENT

Hanover, New Hampshire

VACANT RESIDENCE

INCIDENT NUMBER: _____

DATE: _____

TIME: _____

NAME: _____ PHONE #: _____

ADDRESS: _____

DIRECTIONS (to non-numbered residences) _____

VACANT FROM: _____ UNTIL: _____

PERSON'S LOOKING AFTER HOUSE: ADDRESSES/PHONE NUMBERS:

CONTACT OWNER AT: _____

TELEPHONE #'s: _____

ALARM ACTIVATED? YES NO N/A FUEL COMPANY: _____

PLUMBER: _____

LIGHTS LEFT ON? YES NO ON A TIMER WHERE? _____

GENERAL INFORMATION: _____

(Visitors; vehicles left in

drive; pets being fed; house

cleaner, etc.)

RECEIVED BY: _____ Telephone In-Person Letter Radio

Date Checked/Officer	Date Checked/Officer	Date Checked/Officer	Date Checked/Officer

Date Returned: _____ Problems: _____

Date Checked/Officer	Date Checked/Officer	Date Checked/Officer	Date Checked/Officer

Date Returned: _____ Problems: _____