

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 |
|----------------------|----------------------|----------------------|----------------------|
| | | | |
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| | | | |

Date Returned: _____ Problems: _____

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