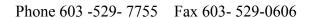
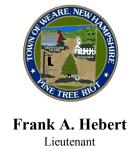


Weare Police Department

144 North Stark Highway Weare, New Hampshire 03281





VACANT PROPERTY CHECK REQUEST

DATE OF REQUEST:	
DEPARTURE DATE:	RETURN DATE:
NAME:	
ADDRESS:	
House Phone#:	Cell Phone#:
Description of property:	
Is house number visible from roadway? Yes	No: Is the house alarmed? Yes No
Alarm Company:	_ Alarm Company Phone #:
Will there be lights on? Timer No	Area of House?
Will there be vehicles in the driveway? Yes	No How Many?
Make Model Color Licens	se Plate #
1,	
2	
EMERGENCY CONTACT INFORMATION	
Name: House	e and/or Cell Phone
Address:	
I request that periodic checks be made of my pr WEARE DEPARTMENT OF POLICE SERVI	operty. I FURTHER AGREE TO NOTIFY THE CE ON MY RETURN.
Resident Signature:	Date:
Please note that it is impossible to guarantee the do not have a name and number clearly posted that an address is clearly marked on your mails emergency.	to identify your residence. State law requires