

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 L	icense Plate #
1	
EMERGENCY CONTACT INFORMATION	
Name: H	Iouse and/or Cell Phone
Address:	
I request that periodic checks be made of m WEARE DEPARTMENT OF POLICE SE	ny property. I FURTHER AGREE TO NOTIFY THE RVICE ON MY RETURN.
Resident Signature:	Date:
	ee that the right premises have been checked if you osted to identify your residence. State law requires mailbox or dwelling. Help us find you in an