

CFS # _____

ORFORD POLICE DEPARTMENT
Orford, New Hampshire
VACANT RESIDENCE CHECK REQUEST

I hereby request a check be made of my property. I understand that Vacant Residence Checks are done solely to the extent that time and personnel are available. I further understand that Vacant Residence Checks are not to be used as a substitute for my own security measures. The Vacant Residence Checks will end upon the date indicated unless I contact the Orford Police Department prior.

SIGNED: _____ **DATE:** _____

NAME: _____ PHONE #: _____

ADDRESS: _____

DIRECTIONS/DESCRIPTION: _____

DATE LEAVING: _____ DATE RETURNING: _____

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

CONTACT NUMBER WHILE GONE: _____

ALARM YES NO IF YES, COMPANY: _____
ACTIVATED YES NO N/A

FUEL COMPANY: _____
PLUMBER: _____

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

GENERAL INFORMATION: (Key Holders; Visitors; vehicles left in drive; pets being fed; house cleaner, etc.)

NAME	PHONE	VEHICLE INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

RECEIVED BY: _____ Telephone In-Person Letter Radio

Date Returned: _____ Problems: _____