

NEWFIELDS POLICE DEPARTMENT VACANT HOUSE CHECK REQUEST

Name:	Home Tel.#:
-------	-------------

Address:	Cell #:
----------	---------

E-Mail Address:

Contact Name:	Contact Tel.#
---------------	---------------

Lights/Timer? NO/YES	If yes, explain:
----------------------	------------------

Vehicle in driveway? (plate/vehicle info)

Departure Date/Time:

Returning Date/Time:

Additional Comments:
