Fairhaven Police Department

Vacant Home Check Form

Name:				
Address:				
Telephone:				
Date of Vacancy:			Return Date:	
Will any of the Lights:	_	g be left on? Radio:	Alarm:	Other:
In case of an	emergency	please notify:		
Name:		Address:		
Telephone:				
Name:		Address:		
Telephone:				
Additional I	nfo:			
Reporting O	fficer:			