

BOSCAWEN POLICE VACANT HOUSE CHECK LOG

NAME: _____
ADDRESS: _____
DATE LEAVING: _____
DATE RETURNING: _____

LIGHTS ON: Yes () Where: _____
 Timer ()
 No ()
 ALARM Yes ()
 No ()

VEHICLES LEFT:

OTHER INFO:

IN CASE OF EMERGENCY CONTACT PERSON IS:

NAME: _____ PHONE: _____
DOES THIS PERSON HAVE KEY ACCESS Yes () No ()

HOUSE CHECK LOG

[illegible]