

Henniker Police Department

Vacant House Check Information Form

Date Received: _____

Residents Name: _____

Address: _____

Color: _____

Date Leaving: _____

Date Returning: _____

Destination: _____

Phone: _____

Location of lights left on: _____

Are lights on timer? yes no

Is house alarmed? yes no

Vehicles in yard? yes no

Plate number _____ Make _____ Model _____ Color _____

Plate number _____ Make _____ Model _____ Color _____

Vehicles in Garage? yes no

Plate number _____ Make _____ Model _____ Color _____

Plate number _____ Make _____ Model _____ Color _____

Emergency contact person with keys to residence

Name _____ Phone _____ Vehicle _____

Name _____ Phone _____ Vehicle _____

Anyone else with permission to be at residence? yes no

Name _____ Phone _____ Vehicle _____

Reason _____

Name _____ Phone _____ Vehicle _____

Reason _____