

TOWN OF LYME  
POLICE DEPARTMENT  
VACANT HOUSE CHECK REQUEST

Incident Number: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Vacant from: \_\_\_\_\_ Until: \_\_\_\_\_

Persons looking after house: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact owner at: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alarm activated:  yes  no  n/a

Plumber: \_\_\_\_\_

Oil company: \_\_\_\_\_

Lights left on:  yes  no  on a timer where? \_\_\_\_\_

General Information: \_\_\_\_\_  
(visitors, vehicles \_\_\_\_\_  
left in drive, pets \_\_\_\_\_  
being fed, etc.) \_\_\_\_\_

Received by: \_\_\_\_\_ Telephone In-Person Letter radio

Date	Time	Checked By	Remarks

Date Returned: \_\_\_\_\_ Problems: \_\_\_\_\_