

WELLS POLICE DEPARTMENT
Po Box 949, 1563 Post Road, Wells, ME 04090
VACANT HOME INFORMATION

NAME: _____ PHONE #: _____

ADDRESS: _____

DESCRIBE HOUSE AND LOCATION: _____

WILL YOU LEAVE ANY LIGHTS ON? IF SO, DESCRIBE THEM: _____

DATE LEAVING: _____ DATE RETURNING: _____

WILL YOU BE RETURNING FOR WEEKENDS OR HOLIDAYS? YES [] NO []

NAME OF LOCAL KEYHOLDER: _____

HOW CAN WE REACH YOU WHILE YOU ARE GONE? _____

TELEPHONE NUMBER: _____

WILL THERE BE ANY VEHICLES IN THE YARD AND/OR GARAGE? YES [] NO []

IF YES, DESCRIBE THEM: _____

NAME OF PLUMBER: _____

NAME OF ELECTRICIAN: _____

USE THE BACK OF THIS FORM FOR ADDITIONAL INFORMATION.

NOTICE

THE WELLS POLICE DEPARTMENT WILL ATTEMPT TO CHECK ON YOUR HOME, AS TIME PERMITS, ON A REGULAR BASIS. WE CANNOT GUARANTEE THAT YOUR HOME WILL BE SECURE OR THAT ITS CONDITION WILL BE AS YOU HAVE LEFT IT. YOUR BEST INSURANCE IS TO COMPLETELY SECURE YOUR HOME AND HAVE A TRUSTED FRIEND, NEIGHBOR, OR RELATIVE CHECK YOUR HOME REGULARLY.

PLEASE HAVE A SAFE AND ENJOYABLE TRIP