LYNDEBOROUGH POLICE DEPARTMENT

CFS # _____

INFO. TAKEN BY: DATE: TIME: ADDRESS: HOUSE DESCRIPTION: FURTHER LOCATION INFORMATION: LEAVING: DATE: _____ RETURNING: DATE: ____ TIME: NAME: PHONE: PERSONS HAVING KEYS/ACCESS: NAME: ____PHONE: ____ NAME: PHONE: **CONTACT IN EMERGENCY:** NAME: PHONE: WHERE STAYING WHILE AWAY: PLACE: ADDRESS: **TELEPHONE NUMBER:** HOUSE ALARM? _____ALARM COMPANY____ LIGHTS ON TIMERS:_____ CARS IN THE YARD/GARAGE: ANIMALS: WORK BEING DONE: ADDITIONAL INFORMATION:

LYNDEBOROUGH POLICE DEPARTMENT

DATE	TIME	OFFICER	INFO.	DATE	TIME	OFFICER	INFO.
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