



WAYLAND POLICE DEPARTMENT

Away From Home Form

Please Print

MM/DD/YR Day of the Week MM/DD/YR Day of the Week

Depart Date: _____ Return Date: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Names and Numbers to Call in Case of an Emergency

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Please list any vehicles that will be left in the driveway

License Plate: _____ Make: _____ Color: _____

License Plate: _____ Make: _____ Color: _____

Please Check Yes or No

Any animals left in the yard or house: ☐ Yes ☐ No

Have you notified your neighbors: ☐ Yes ☐ No

Do you have an alarm? ☐ Yes ☐ No

(If yes to alarm, please provide the name and phone number of a person who can turn it off 24 hours/day)

Additional Information

(This may include anyone working in or outside of the house, deliveries, dog walkers, etc.)

**This service provided in no way guarantees that your property will be safe from trespassing, break-in or vandalism. This service allows for the homeowner to have someone checking on their residence and to notify them if there is a problem or crime occurs at their residence. Requesting resident agrees to promptly notify the Wayland Police Department should plans or dates change or if returning from vacation earlier than noted on this form*