



WHEATLAND POLICE DEPARTMENT

951 Water Street

Wheatland, Wyoming 82201

(307)322-2141 Fax (307)322-4636

VACATION HOUSE CHECK FORM

Name: _____ DOB: _____ Date: _____

Phone: _____ () Home () Cell

Address: _____

Emergency or local call out: _____

Phone: _____ () Home () Cell

Dates watched: _____ through _____

I, _____, consent and allow Officers of the Wheatland Police Department to trespass and examine my property during the above stated dates. I request the officers to make entry into my home for investigative purposes only; shall there develop credible information or evidence the home or its attachments have been compromised in any way during my absence.

This voluntary consent may be revoked by the under signed either by written or verbal communication at any time or shall revoke at 23:59:59 hours on the last date listed above.

Signature of responsible party

Date

Witness

Date