HOUSE CHECK

NAME_____ LEAVING_____

ADDRESS_____ RETURNING_____

LIGHTS ON TIMER_____YES _____NO LIGHTS CONSTANT__YES __NO

VEHICLES IN DRIVEWAY OR GARAGE _____YES _____NO

ALARM SYSTEM ___YES NO_____

NAME OF ALARM COMPANY_____

PERSONS AUTHORIZED ON PROPERTY_____

_____

_____

CONTACT PERSON_____ PHONE_____

CONTACT PERSON_____ PHONE_____

CONTACT PERSON_____ PHONE_____

OWNER'S EMERGENCY NUMBER_____

DATE	TIME	OFFICER	REMARKS