

REQUEST FOR POLICE HOUSE CHECK

NAME _____

ADDRESS _____

DATE LEAVING _____ DATE RETURNING _____

LIGHTS ON TIMER ___YES ___NO LIGHTS CONSTANT ___YES ___NO

VEHICLE(S) IN DRIVEWAY OR GARAGE ___YES ___NO

ALARM SYSTEM ___ YES ___ NO

NAME OF ALARM COMPANY _____

PERSON(S) AUTHORIZED ON PROPERTY _____

1ST CONTACT _____ PHONE _____

2ND CONTACT _____ PHONE _____

NUMBER WHERE THE OWNER CAN BE CONTACTED IF NECESSARY

ANY OTHER INFORMATION YOU WANT THE POLICE TO BE AWARE OF
