



Division of Police

Bruce E. Brooks
Chief of Police

Michael Boals
Deputy Chief

HOUSE CHECK REQUEST

Name: _____ Date _____

Number(s) you can be reached at on Vacation: () _____ () _____

Exact Location/Address of Residence: _____

Date Leaving: _____ Date Returning: _____ Time Leaving: _____ Time Returning: _____

Kind of Animals left at Residence & Their Location: _____

Any Lights on Timers ? (Yes or No) List their Location(s) & On/Off Times: _____

Will you have any radios, TVs or any other items left on or on timers? (Yes or No) List their Location(s) & On/Off Times: _____

Will anyone be checking on house, watering plants, checking on animals, etc? (Yes or No)

Name _____ Home Number () _____

Address: _____ Other Number () _____

Local Emergency Contact Person:

Name _____ Home Number () _____

Address: _____ Other Number () _____

Any additional information you would like to provide? _____

Your home or business will be checked when time and personnel are available and as often as can be managed. We encourage you to ask your neighbor(s) or relatives to check your home or business regularly. Homes that are vacant for periods in excess of two (2) weeks place no obligation on the department, which at times cannot be fulfilled

Read to Caller/Owner and Initial: _____