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