



Penn Township Police Request for House Check

Address of Requested House to be Checked:									
Date Leaving:	Date Returning	Date Reported:	ALLE TOTAL TOTAL TO STREET AND STREET						
Description of House									

Che	ck	Description of House:									
Home Owner:											
Name of Owner,			s, City, State, Zip.:		Home Phone:						
Place of Employment:			Work Address, City, State, Zip,:					Work Phone:			
Cell Phone Number:			Phone Number can be reached at: Other Phone Number:								
Contact Person:											
Name of Contact Person #1;			s, City, State, Zip.:	H TON AND	Phone:						
Name of Contact Person #2:			s, City, State, Zip.	Phone:							
Name of Contact Person #3:			s, City, State, Zip.	Phone:							
Authorized Persons on Property:											
Name of Person Authorized on Property:			s, City, State, Zip.:	Phone:							
Name of Person Authorized on Property:			Address, City, State, Zip.:					Phone:			
Name of Person Authorized on Property:			s, City, State, Zip.:		Phone:						
Alarm:											
Alarm armed: Yes No			t Person:		Phone:						
Lights in or Around	Home:										
Lights On Timer: Yes No Location:											
Lights On: Yes No Location:											
Vehicle in Driveway	or Garage:										
Make:				Color:	Color:		Plate:				
Make:	Make: Model:				Color:		Plate:				
Special Remarks/No	tes:										
House Checked:											
			ne Checked Officer Remarks:			arks:					