

SPRING GROVE POLICE DEPARTMENT

HOUSE CHECK FORM

Name _____ Home Phone _____
Address _____ Cell Phone _____

Type of House: Ranch, Raised Ranch, Tri-Level, 2 Story, Cape Cod,
Other _____

Where is Address Located on Home _____

Date & Time Leaving ___/___/___ :___ AM/PM
Date & Time Returning ___/___/___ :___ AM/PM

Contact Person (in case of emergency): _____
Will they have a key? Y / N Phone: _____

Lights on Timers (which areas of home) _____

Cars in Driveway or Garage:

Make:	Color:	Year:	Plate:
Make:	Color:	Year:	Plate:
Make:	Color:	Year:	Plate:
Make:	Color:	Year:	Plate:

Does anyone have permission to be on your property while you are gone?

Name: _____ Phone # _____

Vehicle Information _____

Name: _____ Phone # _____

Vehicle Information _____

Alarm Information: _____

Miscellaneous Information: _____

