

HOUSE CHECK FORM



LOCATION INFORMATION

Homeowner Name: _____

Full Street Address: _____

Homeowner Cell phone: _____

Alternate Telephone: _____

DATES FOR REQUEST *This time period cannot exceed 30 days*

Departure date: _____

Returning date: _____

LOCAL EMERGENCY CONTACT INFORMATION

Primary Contact: _____

Address: _____

Phone: _____

Does this contact have keys to the premises: (circle one) **YES** **NO**

Secondary Contact: _____

Address: _____

Phone: _____

Does this contact have keys to the premises: (circle one) **YES** **NO**

ADDITIONAL REQUIRED INFORMATION

Does your home/property have lights on a timer: (circle one) **YES** **NO**

If **YES**, please provide the times: _____

Does your home/property have an alarm system: (circle one) **YES** **NO**

Are there vehicles in the driveway: (circle one) **YES** **NO**

If **YES**, please provide Make, Model and Color: _____

By submitting this request, I acknowledge that neither Lehman Township nor Lehman Township Police Department, assume any liability for loss or damage to my property pursuant to this service.