

# 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**

Are they authorized to enter/be at premises for any reason: (circle one)    **YES**                      **NO**

Provide Color/Made/Model of vehicle for PRIMARY contact: \_\_\_\_\_

**Secondary** Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Are they authorized to enter/be at premises for any reason: (circle one)    **YES**                      **NO**

Provide Color/Made/Model of vehicle for SECONDARY contact: \_\_\_\_\_

## 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.**