

HOUSE CHECK

Incident # _____

(Agency Use)

Name _____ Start _____ End _____

Address _____	<u>Alarm:</u> <input type="checkbox"/> No	<u>Lights:</u> <input type="checkbox"/> Inside <input type="checkbox"/> Timer
	<input type="checkbox"/> Intrusion	<input type="checkbox"/> Outside <input type="checkbox"/> Timer
	<input type="checkbox"/> Fire	<input type="checkbox"/> None <input type="checkbox"/> Unkn

Phone number where you can be reached (e.g., cell phone number): _____

Key Holder _____ Phone _____

Vehicles on property _____

Remarks _____

(e.g., persons feeding pets, persons doing yardwork/housework/repairs, persons staying in residence temporarily)

Contact Yellow Springs PD immediately upon your return to remove your name from the check list.

Date _____ Time _____

06/21/14

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