

House Check Information

Today's Date: _____ Time information received: _____

(Circle One)

DRIVE BY

PHYSICAL CHECK

Name: _____

Address: _____

Home Telephone Number: _____

Emergency Phone Number: _____

Date leaving: _____ Time: _____

Date returning: _____ Time: _____

Is there an alarm system at the residence? Yes No

If monitored, by whom? _____

Description of vehicles in driveway or parked in front of the residence:

Mail/Newspaper pickup: _____

Contact person in case of emergency or anyone with a key to the residence

Name: _____

Address: _____

Telephone Number: _____

Other information: (include other persons stopping to check on house, timed lighting in the home, motion activated lighting, etc.).
