

LANDOVER HILLS POLICE DEPARTMENT  
HOUSE CHECK

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

Dates: Leaving \_\_\_\_\_ Return: \_\_\_\_\_

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Emergency Contact Person: \_\_\_\_\_

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

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

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Is anyone permitted on premises?    Yes    No

If yes, supply names and numbers: \_\_\_\_\_

Lights left on or lights on timers    Yes    No

If yes, which ones? \_\_\_\_\_

Vehicles left at premises?    Yes    No

If yes, which ones? \_\_\_\_\_

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Alarm information: \_\_\_\_\_

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**NOTE: PLEASE REMIND HOMEOWNER TO LOCK ALL WINDOWS AND DOORS, TO INCLUDE PORCH AREA.**