

MACEDONIA POLICE DEPARTMENT HOUSE CHECK FORM

Home Owner(s) Name(s): _____

Home Address: _____

Cell Phone Number(s) of Home Owner(s): _____

Emergency Contact Name(s) and Phone Number(s): _____

Person(s) Authorized on the Property: _____

Please Select One: Drive Walk Around Property

By Date Leaving: _____ Date Returning: _____

Please Select One: Vehicles in Garage Vehicles in Driveway

Color/Make/Model: _____

Night Lights or Lights on Timers: Yes No

Parts of House with Lighting: _____

Mail/Newspaper Discontinued: Yes No

Pet(s) in the Home: Yes No

Type of Pet(s): _____

Alarm System: Yes No

Alarm Company Name and Phone Number: _____

Please Contact Police Department When You Return Home to be Removed from Our List