



GRANTHAM POLICE DEPARTMENT

Information Sheet for HOUSE CHECKS

NAME: _____

ADDRESS: _____

PHONE NUMBERS:

Home: _____

Where to call if necessary: _____

REQUEST DATES: From: _____ To: _____

REASON FOR HOUSE CHECK: Vacation : _____ Other: _____

ALARM SYSTEM: Yes _____ No _____

Type of Alarm: _____

Alarm Company: _____

LIGHTS ON: Yes No CONSTANT: Yes No AUTOMATIC Yes No

If light(s) is on a timer, what time is the light on and off and what is the location of the light? _____

KEYS LEFT WITH ANYONE: Yes No

If Yes,

NAME: _____

ADDRESS: _____

PHONE: _____

OTHER PERSONS HAVING ACCESS TO PREMISES:

(Relatives, Neighbors, Workers – Please include name, address and telephone number)

ANIMALS ON PREMISES: Yes No Description: _____

Cared for by (Name(s)) _____

Address and Phone: _____

VEHICLES ON PROPERTY IN YARD: Yes No

Description _____

***Instructions to Individual making request: Please call GPD upon return.**