

**VEAZIE POLICE DEPARTMENT
HOUSE CHECK FORM**

Name: _____ Start Date: _____

Address: _____ Stop Date: _____

Telephone number where you can be reached: _____

In case of an Emergency, local person we may notify

Name: _____

Address: _____

Telephone Number: _____

Person (s) with keys to residence:

Name: _____

Address: _____

Telephone Number: _____

Alarms in residence: _____ Type: _____

Audible alarms: _____ Auto Reset/Shutoff: _____

Lights left on: _____ Location: _____

Will there be cars left in the driveway: _____

Make & Plate number(s) _____

Any other pertinent information we may need to provide this service: