

SUNAPEE POLICE DEPARTMENT
HOUSE CHECK REQUEST

CFS # _____
OFFICER: _____

DATE: _____
TIME: _____

DATE OF DEPARTURE: _____ **DATE OF RETURN:** _____

NAME _____ TELEPHONE # _____

ADDRESS _____

ADDRESS WHILE GONE _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ SECOND TELEPHONE: _____

DIRECTIONS TO HOUSE: _____

_____ COLOR OF HOUSE _____

VEHICLE(S) IN YARD or GARAGE (MAKE/MODEL/COLOR) _____

ANY LIGHTS TO BE ON? ___ YES ___ NO SEEN FROM THE ROAD? ___ YES ___ NO

IF YES, WHERE: _____

ANY KNOWN VISITORS TO BE AT RESIDENCE WHILE OWNERS ARE GONE - (NAME / ADDRESS / VEHICLE REGISTRATION, IF KNOWN):

DOES RESIDENCE HAVE ALARM SYSTEM? ___ YES ___ NO IF YES, ALARM # _____

EMERGENCY INDICATORS (i.e. LOW TEMP)? ___ YES ___ NO

OTHER INFORMATION: _____

(1) NOTIFY IN CASE OF EMERGENCY _____

ADDRESS _____ TELEPHONE # _____

(2) NOTIFY IN CASE OF EMERGENCY _____

ADDRESS _____ TELEPHONE # _____