

MACEDONIA POLICE DEPARTMENT HOUSE CHECK FORM

Home Owner(s) Name: _____

Home Address: _____

Phone Number at Address Above: _____

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

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact City (if needed where they will be responding from)

Date Leaving: _____ Returning: _____

Night Lights: _____

Vehicles in Drive or Garage - Color/ Make/Model: _____

Person(s) Authorized on the Property: _____

Mail/Newspaper Discontinued: Yes / No _____

Pets in the Home: _____

Alarm System: Yes / No _____

Alarm Company Name and Phone Number: _____

Must Agree to Call Back Upon Return _____

***** OFFICIAL USE ONLY *****

Entering Dispatcher: _____

Verifying Dispatcher: _____