

Loudonville Police Department
House Check Request Form

Request Date: _____

Return Date: _____

Home Owner Name: _____

Hand Check: Yes No

Home Owner Address: _____

Drive By: Yes No

Home Owner Phone: _____

EMERGENCY CONTACT INFORMATION

#1 Name: _____

#2 Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

2nd Phone: _____

2nd Phone: _____

Relationship: _____

Relationship: _____

HOUSE INFORMATION (Check all that apply)

___ First Floor Lights

Timer: ___ Yes ___ No

___ Second Floor Lights

Timer: ___ Yes ___ No

___ Kitchen Lights

Timer: ___ Yes ___ No

___ Back Lights

Timer: ___ Yes ___ No

___ Front Lights

Timer: ___ Yes ___ No

___ Living Room Lights

Timer: ___ Yes ___ No

___ Bedroom Lights

Timer: ___ Yes ___ No

VEHICLE INFORMATION (Vehicle(s) on premises):

Make: _____ Model: _____ Color: _____

Plate Number: _____

Make: _____ Model: _____ Color: _____

Plate Number: _____

Make: _____ Model: _____ Color: _____

Plate Number: _____

Make: _____ Model: _____ Color: _____

Plate Number: _____