

**PETERSHAM POLICE DEPARTMENT**

***HOUSE CHECK FORM***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEPARTURE: \_\_\_\_\_ RETURN: \_\_\_\_\_

INFORMATION: (lights on, timers, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

WHERE YOU CAN BE REACHED:

\_\_\_\_\_

HOUSE ALARM: YES \_\_\_\_\_ NO: \_\_\_\_\_

AUTO RESET: \_\_\_\_\_ mins.

KEYHOLDER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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INFORMATION: (lights on, timers, etc.)

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