

Hobart-Lawrence Police Department

RESIDENTIAL SECURITY CHECK REQUEST



Name: _____

Address: _____

Date Leaving: _____

Phone #: _____

Date Returning: _____

1. SECURITY

Doors and Windows Secured? Y/N _____ Alarm System in Home? Y/N _____

Appliances Turned Off, Disconnected? Y/N _____

Lights Left On/Timers _____

Deliveries Cancelled - Mail, Paper, Etc. _____

Driveway Plowed/Lawn Mowed _____

2. PERSON TO CALL IN AN EMERGENCY THAT HAS KEYS

Name _____

Address _____

Phone # (Home) _____ (Work) _____

3. PERSON(S) ALLOWED IN RESIDENCE

Name(s) _____

Address _____

Phone # _____

4. VEHICLES LEFT AT RESIDENCE IN GARAGE/DRIVEWAY

Year _____ Make _____ Color _____ Plate # _____

Year _____ Make _____ Color _____ Plate # _____

Year _____ Make _____ Color _____ Plate # _____

WILL NEIGHBOR CALL POLICE IF ANYTHING IS WRONG? Y/N _____