

OGDEN POLICE HOUSE CHECK FORM

Start Date: _____ End Date: _____

Name: _____

Address: _____

Phone / Cell: _____

Alarmed? Yes / No If Yes, do you have a permit? Yes / No

LOCAL CONTACT

Primary Contact: _____ Has a key? Yes / No

Name: _____

Address: _____

Phone / Cell: _____

Secondary Contact: _____ Has a key? Yes / No

Name: _____

Address: _____

Phone / Cell: _____

Will anyone else be at the house? Yes / No

Name: _____ Vehicle Description: _____

LIGHTS

Inside (times, area): _____

Outside (times, area): _____

VEHICLES

In the driveway (make, model, year) _____

In the garage (make, model, year) _____

OTHER

Outside cellar door? Yes / No
Locked? Yes / No

Toolshed? Yes / No
Locked? Yes / No

Pool? Yes / No