

CASE # _____



MONT VERNON POLICE DEPARTMENT

HOUSE CHECK INFORMATION SHEET

INFO. TAKEN BY: _____

DATE: _____ **TIME:** _____

NAME: _____ **DOB:** _____ **TELEPHONE #:** _____

ADDRESS: _____

HOUSE DESCRIPTION: _____

FURTHER LOCATION INFORMATION: _____

LEAVING: DATE: _____ **RETURNING: DATE:** _____
TIME: _____ **TIME:** _____

PERSONS HAVING KEYS/ACCESS: **NAME:** _____ **PHONE:** _____
NAME: _____ **PHONE:** _____

CONTACT IN EMERGENCY: **NAME:** _____ **PHONE:** _____
NAME: _____ **PHONE:** _____

WHERE STAYING WHILE AWAY: PLACE: _____
ADDRESS: _____
TELEPHONE NUMBER: _____

HOUSE ALARM? _____ **ALARM COMPANY** _____

LIGHTS ON TIMERS: _____

CARS IN THE YARD/GARAGE: _____

ANIMALS: _____

WORK BEING DONE: _____

ADDITIONAL INFORMATION: _____

Case# _____

DATE	TIME	OFFICER	INFO.	DATE	TIME	OFFICER	INFO.
1.				27.			
2.				28.			
3.				29.			
4.				30.			
5.				31.			
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25.				51.			
26.				52.			