



SOUTH LONDONDERRY TOWNSHIP POLICE DEPARTMENT

P.O. Box 3, 20 West Market Street
Campbelltown, PA 17010

HOUSE CHECK

Date Received _____ Incident # _____

PREMISES	NAME		PHONE #		
	ADDRESS				
	DESCRIPTION				
	REASON FOR CHECK				
	BUSINESS <input type="checkbox"/>	RESIDENCE <input type="checkbox"/>	VACANT <input type="checkbox"/>	VACATION <input type="checkbox"/>	OTHER <input type="checkbox"/>

ALARMS	BURGLAR	
	FIRE	

ON OFF

LIGHTS	LOCATION			
	LOCATION			
	LOCATION			
	LOCATION			
	LOCATION			

EMERGENCY NOTIFICATION					
NAME	ADDRESS	PHONE	KEY HOLDER		
			YES	NO	
			YES	NO	
			YES	NO	
OTHER PERSONS WITH ACCESS TO PREMISES		1.)			
		2.)			
		3.)			

HOUSE CHECK DURATION	FROM		TO	
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DATE	TIME	OFFICER	SECURE	DATE	TIME	OFFICER	SECURE
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>