

Grants Pass Department of Public Safety House Check

INFORMATION	
Name:	Phone:
Address:	
Cross Street:	
	<i>Special Driving Directions to home, if needed.</i>
Date Leaving:	
Date Returning:	
Will call:	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION	
Lights left on: <input type="checkbox"/> Yes <input type="checkbox"/> No	Locations:
Keys left with?	Name:
	Address:
	Phone:

COMMENTS
<i>Please provide any additional information that we should know, pets at residence, vehicles left in area, additional person checking on house, alarm information.</i>

COMPLETED BY:	
Name:	Date:

(printed)

