

SYKESVILLE POLICE DEPARTMENT HOUSE CHECK

HOME OWNER: _____

ADDRESS: _____

PHONE: _____ CELL: _____

VACANT FROM: _____ TO: _____

EMERGENCY CONTACT: _____

Date	Officer	Remarks	Date	Officer	Remarks

VEHICLE(S) PARKED AT RESIDENCE? YES ☐ NO ☐ DESCRIPTION: _____

LIGHTS LEFT ON? YES ☐ NO ☐ TIMER ☐ IF "YES", WHERE: _____

PET(S) ALONE AT RESIDENCE? YES ☐ NO ☐ IF "YES" TYPE OF PET(S): _____

INDIVIDUAL(S) CHECKING ON RESIDENCE / PETS (OTHER THAN POLICE):

SYKESVILLE POLICE DEPARTMENT HOUSE CHECK