Baldwinsville Police Department
House Check Form

Start Date:
End Date:
DR#: 19 - _____
Residence Full Name:
Phone #: ( ) -

Request Taken By C/O:
Entered Into Computer By:
Assigned To:
Address:

Destination / Alarm Information

Destination: _____
Address: _____
Phone #: ( ) -
In case of emergency please notify by: ☐ Mail / Phone#: ( ) -

Alarm Company: _____
Alarm Co. Phone #: ( ) - -
OLEIS # : _____
Subscribers: _____

Emergency Contact Information

Emergency Contact Person:
Address:
Phone #: ( ) -

Does Contact Have Keys:
☐ No / Yes____ (Garage Code:_____)

Person(s) Checking House:
Person(s) Working @ House: _____
Anybody Else At House: _____

Lighting Information

Light #1 Where: Time On: Time Off:
Light #2 Where: Time On: Time Off:
Light #3 Where: Time On: Time Off:

Vehicle Information

Vehicle #1 Where Make: Model: Color: Plate:
Vehicle #2 Where: Make: Model: Color Plate:

Weapon Information

Weapon #1 Where: _____ Caliber: _____ Type: _____ Misc: _____
Weapon #2 Where: _____ Caliber: _____ Type: _____ Misc: _____

Special Instructions or Notes