

Havre de Grace Police Department

House Check Request

For Office Use Only

Date Received: _____

Date Closed: _____

Address: _____

Date Vacant: _____ to _____

Resident Information

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Vehicles in Driveway (Description/Tag #): _____

Anyone on Premises? (Name): _____

Lights on Timer? Yes No

Time On: _____ Time Off: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Additional Information: _____