



# Dublin Borough Police Department

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www.DublinBorough.org

Michael Regan

Chief of Police



## HOUSE CHECK FORM

Homeowners Name		
Address		
Home Phone Number	-	-
Mobile Phone Number	-	-
Date(s) Away:	Leaving	Returning
Is Residence Alarmed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alarm Company Name		
Alarm Company Phone Number	-	-
Are Lights on?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, What times?	On	Off
If Yes, Where are the lights located?		
Vehicle(s) at residence –List Plate No.	1.	
	2.	
	3.	
Emergency Key Holder Name		
Emergency Key Holder Telephone	-	-
Emergency Key Holder Mobile Number	-	-
Will anyone be in or out while the owner is away?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, List Name		
Emergency Contact Info to Reach Owner		
Other Pertinent Information		
Reporting Officer		Date