

Harrington Police Department

Vacant House Check

Name: _____ Address: _____

Telephone: _____ Taken By: _____

Date/Time: _____ House Check To Begin: _____

Date of Return: _____ Responsible Person: _____

Address: _____ Telephone: _____

Do you wish to be contacted in case of an emergency? _____

Does anyone have a key to the house? _____ Who? _____

Please circle yes or no

Yes	No	Pool In Yard	Yes	No	Newspaper Stopped
Yes	No	Pets In Yard	Yes	No	Mail Stopped
Yes	No	Rear Yard Locked	Yes	No	Gardener/Maid on Property
Yes	No	Any Broken Windows	Yes	No	Anyone to be on Property
		Where _____			Name _____
Yes	No	Cars Garage/Driveway	Yes	No	Lights on Inside
		Lic Number _____			Time _____

NOTE: This Vacancy House Check will assist the Police in responding to your house in your absence, however, no specific promises of protection, or special duty to ensure the safety of lives or property is expressed or implies by the completion of this form.

Your Signature _____

If you return prior to the estimated return time please notify the Police Department.

Date	Officer	Remarks	Date	Officer	Remarks

This form is good for one month
if no date of return is listed above.