

**HOUSE CHECK REQUEST FORM**

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OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE # \_\_\_\_\_

SECONDARY CONTACT NAME & PHONE # \_\_\_\_\_

NOTES / CONDITIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complete this form and return to Clementon Police Headquarters prior to your departure.