LITTLETON POLICE DEPARTMENT
LITTLETON, NH 03561

HOUSE CHECK REQUEST

(**Note**: House checks performed **only** for residence vacated for a minimum of 3 days and/or longer.)

Name of Property Owner:_____

Property Address:_____
(Please be sure street number is attached to home or mail box)

Owner's Phone Number:_____ Emergency number to call:_____

Caretaker name & phone #_____

Alarm company information _____

DIRECTIONS (Reference Points) To Locate Property:_____

_____

Special Instructions/Comments to assist individuals performing house check:
Will any vehicles be left in the driveway? Yes____ No____ If yes, describe vehicle(s)_____

_____

Will lights be left on in the home? Yes____ No____

Any broken screens/windows/etc.? Yes____ No____ If yes, describe:_____

_____

Comments:_____

Date Leaving: _____ **Date Returning**: _____

Statement of Understanding:
(1) House checks are performed depending on availability of personnel.
(2) The Littleton PD and its volunteers assume no responsibility other than recording and reporting to the property owner conditions observed during this house check.

Agreed To:_____ _____
(Owner) (Date Signed)

Form revised: 12/07/2009 by: SAC