

**MONROE POLICE DEPARTMENT
HOUSE CHECK FORM**

Case # _____

Name: _____ Home phone: _____ Cell phone: _____

Address: _____ Date from: _____ to _____

Phone number where you can be reached: _____

Plate #'s of any vehicles left at house: _____

Leaving house key with: _____ Phone: _____

Lights on: Yes No Timers: Yes No

If yes, which ones? _____

Alarm system: Yes No

If yes, name: _____ Phone: _____

Is anyone doing work around the house? Yes No

If yes, name: _____

Other information: _____

Date/Ofc	Date/Ofc	Date/Ofc	Date/Ofc	Date/Ofc	Date/Ofc

Officer's comments: _____
