

New Hartford Police Department PREMISE CHECK

Zone: _____

Address: _____
Number Street Name

Name: _____

Date Leaving: _____

Date Returning: _____

Address While Away: _____
Number Street Name

Phone While Away: _____

Anyone with keys to house, getting mail, etc.:

Misc. Details

Light(s) left on?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Car(s) left in garage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Garage door(s) locked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Automatic Time lights?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Motion Light(s) outside?	Yes <input type="checkbox"/>	No <input type="checkbox"/>