Gaines Township Police
Vacation/Vacant House Check

Name_____ Date_____

Address_____

Phone #_____ Alarm System? Yes or No

Leave Date_____ Return Date_____

Lights left on? Yes or No Timer for lights? Yes or No Time set for?_____

Location of lights_____

_____

Car(s) parked in driveway? Description. _____

_____

_____

Emergency Contact Person(s)_____

_____

Emergency Contact's Phone #(s)_____

_____

Remarks_____

Dates checked by Officer: