

Baldwinsville Police Department  
House Check Form

Start Date:  
End Date:  
DR#: 19 - \_\_\_\_\_  
Residence Full Name:  
Phone #: ( ) - \_\_\_\_\_

Request Taken By C/O:  
Entered Into Computer By:  
Assigned To:  
Address:

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**Destination / Alarm Information**

Destination: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_  
In case of emergency please notify by:  Mail / Phone#: ( ) - \_\_\_\_\_

Alarm Company: \_\_\_\_\_  
Alarm Co. Phone #: ( ) - \_\_\_\_\_  
OLEIS # : \_\_\_\_\_  
Subscribers: \_\_\_\_\_

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**Emergency Contact Information**

Emergency Contact Person:  
Address: \_\_\_\_\_ Does Contact Have Keys:  
Phone #: ( ) - \_\_\_\_\_  No / Yes \_\_\_\_\_ (Garage Code: \_\_\_\_\_)  
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Person(s) Checking House:  
Person(s) Working @ House: \_\_\_\_\_  
Anybody Else At House: \_\_\_\_\_

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**Lighting Information**

Light #1 Where:	Time On:	Time Off:
Light #2 Where:	Time On:	Time Off:
Light #3 Where:	Time On:	Time Off:

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**Vehicle Information**

Vehicle #1 Where	Make:	Model:	Color:	Plate:
Vehicle #2 Where:	Make:	Model:	Color	Plate:

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**Weapon Information**

Weapon #1 Where: _____	Caliber: _____	Type: _____	Misc: _____
Weapon #2 Where: _____	Caliber: _____	Type: _____	Misc: _____

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**Special Instructions or Notes**