

Police Department
Borough of Spring Lake Heights
555 Brighton Avenue
Spring Lake Heights, New Jersey 07762



www.springlakehts.com



Edward W. Gunnell
Chief of Police



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HOUSE CHECK FORM

Date Submitted : _____

Name : _____

Address : _____

Home Phone # : _____

Cell Phone # : _____

Business : _____ **or** **Residence :** _____

Departure Date : _____ **Return Date :** _____

Destination Address : _____

Destination Phone # : _____

Description of Vehicles Left in Driveway:

Type and Location of any weapons in the residence:

Will there be any pets left at the residence? (describe)

Are there any keys that police could access if necessary? (location)

Location and times of lights that are timers:

Is there an alarm system? YES : _____ or NO : _____

Passcode (OPTIONAL) : _____

Alarm Company Name & Phone # : _____

Name & Number of Person to Reset Alarm : _____

Local Person To Be Contacted In Case Of An Emergency:

Name : _____ Phone # : _____

Address : _____

Does This Person Have A Key To The Residence? YES : _____ or NO : _____

Does Anyone Else Have A Key To The Residence? YES : _____ or NO : _____

If YES Please List Name & Phone # : _____

Will Any Else Be Working At Or Have Access To The Premises In Your Absence?

YES : _____ or NO : _____

If YES Please List Name & Phone # : _____

Additional Comments:

*NOTE: This security check service is in no way guarantee that your property will be safe from vandalism or burglary. It merely provides the Police Department with information of your whereabouts and other pertinent information should a crime occur. I request a security check be made of my premises and agree to notify you of my return or the change of any of the above information.

Signature : _____

Date : _____

Received By: _____

Badge # : _____