DOYLESTOWN TOWNSHIP POLICE DEPARTMENT
425 Wells Road
Doylestown, PA 18901
(215) 348-4201

HOUSE CHECK REQUEST

**ALL information requested below is required. You may fax (215) 230-0104) this form to the station or drop it off in person during normal business hours 8:00 am to 4:30 pm Monday -Friday.*

HOMEOWNER INFORMATION			
Name			
Street Address:			
City		State	ZIP
Home Phone		Cell Phone	
Date of Departure	(mm/dd/yyyy)	Date of Return	(mm/dd/yyyy)

RESIDENCE INFORMATION				
Is the residence alarmed	Yes	☐	No	☐
Type of Alarm (Check all that apply)	Burglar	☐	Fire	☐
	Medical	☐	Other	☐
Will there be lights left on?	Yes	☐	No	☐
Are the lights motion activated?	Yes	☐	No	☐
Will there be anyone feeding pets?	Yes	☐	No	☐
Will there be anyone bringing in the mail?	Yes	☐	No	☐
Are there any cars in the driveway or garage?	Yes	☐	No	☐

List any cars that may be parked at the residence or drive to residence by any authorized caretaker:

Make	Model	Color	License Plate

EMERGENCY CONTACTS (Identify 3 people who have access to your home in an emergency)		
Name		
Street Address:		
City	State	ZIP
Home Phone	Cell Phone	
Name		
Street Address:		
City	State	ZIP
Home Phone	Cell Phone	
Name		
Street Address:		
City	State	*ZIP*
Home Phone	Cell Phone	