

APPENDIX 7
HOUSE CHECK REQUEST FORM

HC No. _____

(Police will fill in the House Check No. when this form is returned)

Homeowner Name	Requester Name
Street Address of Property To Be Checked	Type of Premises
	Residential <input type="checkbox"/> Business <input type="checkbox"/> Other <input type="checkbox"/>
Reason for House Check Request	Date Period Security Check Requested
	From: To:
Home Phone Number	Cell Phone Number
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In Case of Emergency, do you wish to be notified by collect call? YES NO

SECURITY | EMERGENCY CONTACT INFORMATION

Protected by Alarm System?	Alarm System Type	
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lights On?	If Yes, are lights constant?	Are Lights Automatic?
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Keys left with anyone?	If Yes, Name	Phone Number
YES <input type="checkbox"/> NO <input type="checkbox"/>		() -
	Address of above listed Key Holder	
Other Persons / Vehicles allowed on premises.		

Signature: _____ Date of Request: _____

This form must be returned in person to the Northfield Village Police, 10455 Northfield Rd, Northfield Village, OH 44067.