



New Hope Police Department

House Check

Date of Request: _____

Print Name(s) _____ Home Phone: _____

Residence Address: _____

Date & Time When House Will Be Vacant: _____

Date & Time That You Plan on Returning Home: _____

Location and Phone Where You Are Staying: _____

-or- Cell Phone#: _____

The following person(s) are authorized to enter the property, or in case of emergency contact:

1. Name: _____ Phone Number: _____

Address: _____

2. Name: _____ Phone Number: _____

Address: _____

Does the above named party(s) have a key to the property? Yes No

Type of Dwelling:

Single Family Residence Duplex Condominium

Describe vehicles or property left outdoors while on vacation:

1. Make _____ Model _____ Color _____ Year _____
License # _____ State _____

2. Make _____ Model _____ Color _____ Year _____
License # _____ State _____

Other Property: _____

Alarm Information

Do you have an alarm system? ____ Yes ____ No

Name and Phone for Alarm Company _____

Additional Information: _____ Property Information

1. Do you have any broken doors or windows? ____ Yes ____ No
If so, location: _____

2. Do you have any torn screens: ____ Yes ____ No
If so, location: _____

3. Do you have timers on any indoor/outdoor lights? ____ Yes ____ No
If so, where are they located and when do they turn on or off: _____

4. Will you stop your mail & newspaper delivery? ____ Yes ____ No
If not, is someone collecting them for you? ____ Yes ____ No
If yes, Name: _____ Phone: _____

5. Do you want your backyard checked? ____ Yes ____ No (Locked gates will not be opened)

6. When are your sprinklers timed to turn on and off? _____

7. Are pets in the house or yard? ____ Yes ____ No
If so, type of pet and person caring for them? Type of Pet: _____
Contact: _____ Phone: _____

The undersigned does hereby grant and request the New Hope Police Department to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the Borough of New Hope, it's employees, and agents for any claim for personal injury, loss or damage, to property that may be suffered by the undersigned, through any action or lack thereof, by a representative of the New Hope Police Department. Further, the undersigned understands and agrees that this is a courtesy service and does not create special duty upon officers and will be provided only as time permits, and no guarantee is made nor assurance given against loss, theft, or damage to premises.

SIGNED THIS _____ DAY OF _____ 20 _____

BY: _____ ADDRESS: _____

FOR OFFICIAL USE ONLY

Identification of person making request verified by: _____

Copy to be filed.

Police Use Only

Checked By	Date	Time