

ORONO POLICE DEPARTMENT HOUSE CHECK

Leave: _____ Return: _____

Name: _____ Home Phone: _____

Address: _____

Additional Phone Numbers &
Emergency Information: _____

Keyholder: _____
(Name, Address and Phone Numbers)

Is anyone expected to be in the home at any time? If yes, please state who and when.

Alarm System? _____ Name of Alarm Company: _____

Mail and Newspaper Stopped? _____

Cars in the driveway? _____

Will the snow be plowed or grass mowed during absence? _____

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**Officer's Notes**

| Date Checked | Badge # | Comments |
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