

***** HOUSE CHECK *****

OWNER'S NAME: _____

ADDRESS: _____

PHONE NO.: _____

CITY: _____ STATE: _____

DATE LEAVING: _____ DATE RETURNING: _____

IN CASE OF EMERGENCY CONTACT:

1) NAME: _____ PHONE NO.: _____

ADDRESS: _____

2) NAME: _____ PHONE NO.: _____

ADDRESS: _____

ANY WEAPONS IN RESIDENCE: YES NO

TYPE OF WEAPON(S): _____

LOCATION OF WEAPON(S): _____

OTHER INFORMATION: _____

INFO. RECEIVED BY: _____

DATE RECEIVED: _____

Email Request to: labbott@pembertonpolice.com