

OAKLAND COUNTY SHERIFF'S OFFICE
REQUEST FOR HOUSE CHECK

City / Township _____

Homeowners Name: _____

Address to Check: _____

Animals on Premises: _____

Phone for Address Above: _____

Incase of Emergency Names & Phone(s): _____

Date Leaving: _____ Date Returning: _____

Were any Neighbors Notified (check): Y / N If Yes, List below:

Address: _____ Phone: _____

Address: _____ Phone: _____

Other Emergency Name & Phone: _____

Active Alarm on Premises? (check) Y / N If Yes, List Company Information:

Alarm Company Name: _____ Phone: _____

Remarks: _____

Homeowner Signature: _____ Date: _____

Checked By: _____ Date: _____