

GENEVA POLICE DEPARTMENT

411 EAST LINE STREET / P.O. BOX 703 GENEVA, INDIANA 46740

260-368-7077/ FAX: 260-368-7286 email: genevapd@twnofgeneva.org



Home Security Check Form

Assignment number	er: Unit receiving request:	
HOME OWNER:		
LOCATION OF H	IOME:	
LOCATION WHE	ERE HOME OWNER WILL BE:	
TELEPHONE NU	MBER THAT HOMEOWNER CAN BE REACHED AT:	
DEPARTURE DA	TE: RETURN DATE:	
TYPE OF PREMIS	SES: HAVE YOU INFORMED YOUR NEIGHBORS?:_	
WHO HAS KEYS? (NAMES AND PHONE NUMBERS)		
ANY LIGHTS ON	ITS BE LEFT ON? HOW ARE THEY ACTIVATED? N TIMERS ARE LEFT: ON OR OFF? DUTSIDE? DESCRIPTION:	
WHO WILL BE ABOUT THE PROPERTY?		
NEWSPAPERS A	ND MAIL STOPPED?	
DO YOU AGREE	TO NOTIFY THE GENEVA POLICE DEPT UPON RETURNING HOME?	
OTHER:		
SIGNATURE:	DATE:	
	LOG SHEET	
DATE & TIME	FINDINGS	FFICER
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