STRATHAM, NH POLICE DEPARTMENT
HOUSE CHECK REQUEST

Name:	**Phone #:**	**Cell Phone:**
Address:		
Email:		
Night Lights/Timers:	**Mail: Being** checked by neighbor/on hold	
Vehicles and Plate #s:		
Date & Time Leaving:	**Date & Time Returning:**	
Other:		
Emergency Contact (Family member/neighbor): ***Please list in order of who to contact first, second, third, etc.***		
1.		
2.		
3.		

For Police Department Use Only:

DATE CHECKED	TIME CHECKED	OFFICER	RESULTS