STRATHAM, NH POLICE DEPARTMENT
HOUSE CHECK REQUEST

Name:	Phone #:	Cell Phone:
Address:		
Email:		
Night Lights/Timers:		
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