

**Springfield Police Department**  
**House Check Request**

CFS#: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICER: \_\_\_\_\_

TIME: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_

DATE OF (EXPECTED RETURN) \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS WHILE GONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SECOND TELEPHONE: \_\_\_\_\_

DIRECTIONS TO HOUSE: \_\_\_\_\_

COLOR OF HOUSE: \_\_\_\_\_

VEHICLE(S) IN YARD / GARAGE (MAKE / MODEL / COLOR): \_\_\_\_\_

ANY LIGHTS TO BE ON? \_\_\_\_\_ YES \_\_\_\_\_ NO

SEEN FROM THE ROAD? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHERE? \_\_\_\_\_

ANY KNOWN VISITORS TO BE AT RESIDENCE WHILE OWNERS ARE GONE? – (NAME / ADDRESS / VEHICLE  
REGISTRATION, IF KNOWN): \_\_\_\_\_

DOES RESIDENCE HAVE ALARM SYSTEM? \_\_\_\_\_ YES \_\_\_\_\_ NO; IF YES, ALARM # \_\_\_\_\_

EMERGENCY INDICATORS (i.e. LOW TEMP)? \_\_\_\_\_ YES \_\_\_\_\_ NO

OTHER INFORMATION: \_\_\_\_\_

(1) NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

(2) NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_