



HOLMDEL TOWNSHIP POLICE DEPARTMENT

PATROL DIVISION

RESIDENTIAL HOUSE CHECK FORM

Resident's Information (Please print or type)

Last name: _____ First name: _____ I: _____

Street address: _____

Phone: _____ Alt phone: _____

Email address: _____

Date leaving: _____ Date returning: _____

Residence alarmed: Yes ☐ No ☐ Lights on timers: Yes ☐ No ☐

Location of timers: _____

Vehicles in driveway: Yes ☐ No ☐

Vehicle description: _____

Should anyone be on location: Yes ☐ No ☐

Name and reason for being on location: _____

Emergency Contact Information (Please print or type)

Last Name: _____ First Name: _____ I: _____

Street Address: _____

Phone: _____ Alt Phone: _____

Email Address: _____

Key holder: Yes ☐ No ☐

Comments/Additional information: _____
