



CITY OF LOOKOUT MOUNTAIN, GEORGIA  
POLICE DEPARTMENT  
HOUSE CHECK FORM  
(CONFIDENTIAL)



Name: \_\_\_\_\_ Leave Date: \_\_\_\_\_

Address: \_\_\_\_\_ Return Date: \_\_\_\_\_

Alarm (Please circle one): Yes / No

**Emergency Contact**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Vehicles Remaining at Residence**

Garage: \_\_\_\_\_ Driveway: \_\_\_\_\_

Carport: \_\_\_\_\_ Other: \_\_\_\_\_

Lights on Yes / No, where? \_\_\_\_\_

Who may use vehicles: \_\_\_\_\_

Who may visit residence: \_\_\_\_\_

Housekeepers Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Days There: Su M Tu W Th F Sa

Lawncare Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Days There: Su M Tu W Th F Sa

Additional Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of City Personnel: \_\_\_\_\_ Date: \_\_\_\_\_