



New Hartford Police Department

PREMISE CHECK

Zone: _____

Address: _____
 Number Street Name

Name: _____

Date Leaving: _____ Date Returning: _____

Address While Away: _____
 Number Street Name

Phone While Away: _____

Anyone with keys to house, getting mail, etc.:

Misc. Details

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Light(s) left on? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Car(s) left in garage? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Garage door(s) locked? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Automatic Time lights? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Motion Light(s) outside? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Forms can be dropped off or mailed to
New Hartford Police Department 8635 Clinton Street, New Hartford NY 13413
or emailed to dls175@newhartfordpd.com