

**Harbor Springs Police Department
Dark House Checks
2006 - 2007**

Address(es) to Check:		Departure Date:
Phone #(s) at Above Address(es):		Return Date:
Owner's Name:		
Destination Address:	Destination Phone #:	
	Cell Phone #s:	
	Other Phone #s:	
Caretaker:	Address:	Phone #(s):
Other Names: <small>Family/Friends/Construction</small>	Address:	Phone #(s):
Heat light(s) in Window(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Whom should we contact if a heat light goes on?
Vehicle(s) in Driveway/Garage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Type(s): Year/Make/Plate/Color
IN CASE OF AN EMERGENCY, WHOM SHOULD WE CONTACT?		
Other information HSPD should be aware of:		
Date of Request:	Requested by:	