

COLUMBIA TOWNSHIP VACATION HOUSE CHECK

Residents Name:		Address:			Phone Number (Cell):	
Departure Date:	Date of Return:	Protected By Alarm? Y N		If Yes, Alarm Co. Name & Phone Number:		
Mail Stopped? Y N	Newspaper Stopped? Y N	Dog on Premises? Y N		Location of Dog? (Inside or Outside)		
TV / Radio on Inside house? Y N		Location?		Lights on Inside House? Y N		Location?
Automatic timers for lights? Y N		Gates secured? Y N		Vehicles on Property? Y N		If Yes, Please List Below
Make:	Model:	Color:	License Plate:	Location: (Chose One)		
				Driveway	Garage	Yard
				Driveway	Garage	Yard
				Driveway	Garage	Yard
Other Person(s) That Will Have Access to the Premises: (Relatives, Neighbors, Workers, Employees)						
EMERGENCY CONTACT INFORMATION						
1 st Emergency Contact Name:				Home Phone Number:		
Address:				Work / Cell Phone Number:		
Relationship:				Has House Key? Y N		
2 nd Emergency Contact Name:				Home Phone Number:		
Address:				Work / Cell Phone Number:		
Relationship:				Has House Key? Y N		
Additional Information:						

Please mail this form to:

Columbia Twp. Police Department
8500 Jefferson Rd.
Brooklyn, MI 49230

Please note that this form must be updated every six months if you wish for the police department to continue checking your residence.

