

**RICHFIELD TOWNSHIP POLICE DEPARTMENT
UNOCCUPIED RESIDENCE CHECK**

No. _____

TODAY'S DATE: _____

NAME: _____

ADDRESS (St. Helen)

Phone No. _____ **Cell Phone No.** _____

Is this your primary residence: ____ **YES** ____ **NO**

DATE LEAVING: _____ **DATE RETURNING:** _____

Address where owner will be: _____

Phone No. _____

KEYHOLDER'S NAME: _____

ADDRESS: _____

Phone No. _____

Residence Information:

ALARM: ____ **YES** ____ **NO**

LIGHTS: ____ **LEFT ON** ____ **LEFT OFF** ____ **TIMER**

ADDITIONAL INFORMATION:

