



MAMARONECK TOWN POLICE DEPARTMENT

Dark House Check Information Form

Name: _____

Address: _____

Telephone: _____ Cell: _____

Address while away: _____

Away telephone: _____

Date leaving: _____ Date returning: _____

Local Contact: _____

Contact telephone: _____

Keyholder (If different): _____ Phone: _____

Alarm: Automatic Lights: Security Cameras:

Vehicle(s) in Driveway: _____

Person(s) Authorized at Residence: _____

Notes: _____

I authorize the TMPD to conduct security checks of my premises while I am away. If I return early or if the above information changes, I will notify the TMPD at 914-381-6100 immediately.

Signature: _____ Print Name: _____

FOR DEPARTMENT USE ONLY:

Post: _____ **Date Received:** _____

Desk Officer: _____

Entered into IMPACT:

Supervisor Initials: _____