



# BUCKINGHAM TOWNSHIP POLICE DEPARTMENT

4613 HUGHESIAN DR, P.O. BOX 443, BUCKINGHAM, PA 18912

MICHAEL S. GALLAGHER  
CHIEF OF POLICE

BUSINESS# (215) 794-8812  
FAX# (215) 794-9081  
7:30 A.M. - 4:00 P.M.

## House Check Request Form

Owner/Occupant Name: \_\_\_\_\_

Street and Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Phone#: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Expected Return Date: \_\_\_\_\_

Lights On?  24 hours  Timer  None Specify: \_\_\_\_\_

Vehicles left in the driveway? If Yes, description(s): \_\_\_\_\_

Alarm System?  No  Yes, alarm company name: \_\_\_\_\_

House key available? If Yes, include name, address, phone#: \_\_\_\_\_

*Optional:* In case of emergency, a phone# where you can be reached: \_\_\_\_\_

Miscellaneous Information (Family/friends caring for pets, etc): \_\_\_\_\_