

Zone: _____

**GOLDSBORO POLICE DEPARTMENT
HOME CHECKLIST**

Name: _____ Telephone Number: (xxx) xxx-xxxx _____

Address: _____

Date Leaving: _____ Date Returning: _____

Lights Left On: _____ Location Inside: _____

Location Outside: _____

Vehicles Left: _____ Make: _____ License #: _____

Make: _____ License #: _____

Make: _____ License #: _____

Make: _____ License #: _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____ Phone #: (xxx) xxx-xxxx _____

ADDRESS: _____

Does person(s) have a key? YES NO

NAME: _____ Phone #: (xxx) xxx-xxxx _____

ADDRESS: _____

Does person(s) have a key? YES NO

NAME: _____ Phone #: (xxx) xxx-xxxx _____

ADDRESS: _____

Does person(s) have a key? YES NO

Other Information: _____
