



TOWN OF GOSHEN
POLICE DEPARTMENT

44 POLICE DRIVE
P.O. BOX 217
GOSHEN, N.Y. 10924
(845) 294-9555 - PHONE
(845) 615-1398 - FAX



HOUSE CHECK APPLICATION

Case # _____

Owner's Name _____

Address _____

Telephone # _____

Departure Date ____ / ____ / ____ Return Date ____ / ____ / ____

Destination _____

Telephone # to be reached at: _____

Lights left on: _____

Timer: YES/NO Alarm: YES/NO

Other special instructions _____

Person authorized to be in/on the house or property, including persons doing work in/on the house or property _____

In case of emergency; notify _____

Address _____

Telephone # _____

Special instructions _____

Reporting Officer _____ Date/Time _____

I hereby request and authorize the Town of Goshen Police Department to check the above mentioned residence during the time period specified. I absolve the Town of Goshen and its employees from any responsibility and liability what so ever.

Signed _____

Date _____

NOTE: HOUSE CHECK APPLICATION IS VALID FOR A PERIOD OF ONE MONTH FROM TIME OF DEPARTURE.