

EPOA HOUSE CHECK REGISTRATION FORM

PLEASE PRINT CLEARLY

DATE: _____ ESCAPE PHONE NO.: _____

OWNER: _____ LOT #: _____

ESCAPE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NO: List all phone numbers to contact you while you are away (home, cell, etc.): _____

E-MAIL ADDRESS: _____

I WILL BE AWAY FROM _____ TO _____. OR
_____ I WILL BE AWAY SPORADICALLY AND WILL BE HERE SOME WEEKENDS, AND WOULD
LIKE MY HOUSE CHECKED WHENEVER POSSIBLE.

LIGHTS

Do you have any automatic timers on any light inside your house? _____ If yes, what time are they
scheduled to go on _____ and off _____?

Do you have any automatic timers on any outside lights: _____ If yes, what time are they scheduled to go
on _____ and off _____?

PETS

Will there be any pets in your house while you are away? _____ If yes, please list type of pet and pet's
name. _____

Who will be entering your house to care for pet(s)? Please list name and phone number.

**THE FOLLOWING INFORMATION IS IMPORTANT IN CASE OF EMERGENCY, SUCH AS FIRE,
BROKEN PIPES, OR BREAK-INS SO WE CAN CONTACT THE APPROPRIATE AUTHORITY OR
AUTHORIZED PERSON OR CONTRACTOR.**

PERSON(S) CHECKING HOUSE:

Will anyone be checking your house while you are away? _____ If so, please provide their names and phone
numbers. _____

VEHICLES LEFT AT RESIDENCE:

Will there be any vehicles in your driveway while you are away? _____ If yes, please list all vehicles. _____

HEATING COMPANY:

Please list what type of heat, Gas / Oil, and the name and phone number of your supplier (*in case a leak is detected*). _____

ACCELERANTS:

Do you have any type of accelerants stored anywhere in your house or on your property? _____ If yes, please list the type and location (includes gas cans, oxygen, acetylene, etc. _____

ADDITIONAL INFORMATION:

Is there any other additional information you feel we should have? _____

I, _____, am the owner of the above referenced property and do hereby authorize EPOA Public Safety Officers to enter onto my property for the purpose of checking same.

OWNER SIGNATURE: _____ **DATE:** _____

RETURN THIS COMPLETED FORM TO THE OFFICE WITH PAYMENT OF \$50.00 FOR THE YEAR.

PUBLIC SAFETY USE ONLY: **VALID FROM** **TO**

