

NORTH SALEM POLICE DEPARTMENT

DARK HOUSE FORM

Name: _____

Date Leaving: _____
AM: _____

Address: _____

PM: _____

Color of house: _____

Date Returning: _____

AM: _____

PM: _____

Cars in driveway with plate numbers: _____

Person to contact with a problem: _____

Additional Information: _____

Your cell phone: _____

Your e-mail address: _____

Your address and phone number while away, if possible: _____

Signature: _____

Date: _____