

RESIDENCE CHECKS

ADDRESS OF RESIDENCE TO BE CHECKED: _____

NAME OF PERSON REQUESTING RESIDENCE CHECK: _____

PHONE NUMBER: _____

DATE/TIME LEAVING: _____ DATE/TIME RETURNING _____

LOCAL CONTACT: _____ PHONE # _____

ADDRESS OF CONTACT PERSON (S): _____

PERMISSION GRANTED TO ENTER BACK & SIDE YARDS YES NO

ARE PETS WHERE OFFICER MAY BE ENDANGERED? YES NO

WILL LIGHTS BE LEFT ON IN HOUSE? YES NO

(If not, request that you do so)

IS FRIEND OR NEIGHBOR PICKING UP NEWSPAPER & MAIL? YES NO

(Please advise someone to do so)

WILL ANY MOTOR VEHICLE BE LEFT IN DRIVEWAY/GARAGE? YES NO

(If yes, describe vehicle) _____

PERSON TAKING REQUEST: _____ DATE: _____

| DATE | 0600 – 1400 Hours | 1400 – 2200 Hours | 2200 – 0600 Hours |
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