House Check Form

INDIALANTIC POLICE DEPARTMENT

ADDRESS _____ PHONE # _____

RESIDENT NAME _____

DATE RECEIVED _____ DATES GONE: FROM _____TO _____

KEY HOLDER _____ ADDRESS _____

PHONE # (H)_____ (C)_____ (W)_____

VEHICLES ON PROPERTY _____

LIGHTS ON _____

DAMAGED WINDOWS OR DOORS _____

_____

GARDENERS AND/OR WORKMEN _____

_____

WHERE CAN RESIDENT BE REACHED _____

_____

ADDITIONAL INFORMATION _____

DATE CHECKED	TIME CHECKED	OFFICER	ID #	COMMENTS