



Patrol House Check

Requesting Person: _____

Location: _____

Period of Coverage Requested: From ____/____/____ Time: ____:____

To ____/____/____ Time: ____:____

Security Check List

Key Holder's Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Security Company : _____ Phone: _____

Person(s) Authorized On Premises

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Vehicles On Premises

Year: _____ Make: _____ License Number: _____

Year: _____ Make: _____ License Number: _____

Homeowners Security Measures

Lights left on: _____

Lights on timer: _____

Pets on premises: _____

Other Comments: _____

REQUESTING PERSON IS ADVISED THAT THE OBETZ POLICE DEPARTMENT ASSUMES NO LIABILITY IN CONNECTION WITH THIS HOUSE CHECK. PERSON MUST NOTIFY THE OBETZ POLICE DEPARTMENT UPON RETURN.

Signature of Requesting Person: _____ Date: _____

Officer Canceling: _____ Date: _____ Time: _____