City of Southport

Police Department

House Check Form

NAME_____ ADDRESS_____

REQUEST MADE BY _____ PHONE_____

REASON FOR REQUEST: PREMISES VACANT_____ OTHER _____

TYPE OF PREMISES: BUSINESS _____ RESIDENCE _____ OTHER_____

PROTECTED BY ALARM SYSTEM: YES____ NO____ IF YES, WHAT TYPE_____

LIGHTS ON: YES____ NO____ CONSTANT: YES ____ NO ____ AUTOMATIC: YES ____ NO ____

KEYS LEFT WITH ANYONE: YES __ NO __ IF YES, NAME/ADDRESS/PHONE _____

OTHERS WITH ACCESS (RELATIVES, WORKERS, NEIGHBORS, EMPLOYEES)? _____

_____

IN CASE OF EMERGENCY DO YOU WISH TO BE CONTACTED BY COLLECT CALL? YES____ NO ____

PHONE NUMBER FOR EMERGENCY CONTACT:_____

DATES FOR PREMISES CHECK: START ON _____ TO _____

SIGNATURE _____ DATE_____

OFFICER'S SECURITY CHECK REPORT

Date	Time	Premises secure (if not, type of action taken)	Officer's Signature