



Weathersfield Township Police Department Spot Check Form

Name: _____ Spot Check #: _____
Address: _____
City: _____ Zip Code: _____
Phone #: _____ Ohio Dr. License#: _____

Start Date: _____ Ending Date: _____
Reason For Spot Check: _____

Are You The Property Owner? Yes / No If "NO" Your Relationship _____

Details:
Anybody Checking The Residence? Yes / No If "Yes" Who: _____
Lights On? Yes / No If "Yes", From what Times _____
Cars That May Be In The Driveway:
Make: _____ Model: _____ Color: _____
Make: _____ Model: _____ Color: _____

Emergency Contact Information:
Name: _____ Phone # _____
Name: _____ Phone # _____

****Officers will check the residence requested to the best of their ability during their patrol shifts

Signature: _____ Date: _____