KINGSMILL POLICE DEPARTMENT HOUSE CHECK REQUEST

| NAME: | ADDRESS: | | | | | |
|--|--|--|--|--|--|--|
| HOME TELEPHONE NUMBER: () | CELLULAR TELEPHONE NUMBER: () | | | | | |
| DATE LEAVING:// | APPROXIMATE TIME LEAVING:: AM / PM | | | | | |
| DATE RETURNING:// | APPROXIMATE TIME RETURNING: AM / PM | | | | | |
| CAN BE REACHED AT: TELEPHONE NUMBE | ER(S): | | | | | |
| ADDRESS: | | | | | | |
| EMERGENCY CONTACT: NAME: | ENCY CONTACT: NAME: TELEPHONE NUMBER: | | | | | |
| ADDRESS: | 3 | | | | | |
| PERSON(S) THAT MAY BE COMING TO YOU | TR HOUSE: | | | | | |
| LIGHT(S) LEFT ON: | | | | | | |
| SPECIAL INSTRUCTIONS: | | | | | | |
| III III DI DI TILLI DI TILLI DI DI TILLI DI TILL | MY PROPERTY AND THE POLICE ARE UNABLE TO CONTACT MYSELF OR THE ABOVE APPROPRIATE ACTION AND CONTINUE TRYING TO CONTACT MYSELF OR THE ABOVE | | | | | |
| RESIDENT'S SIGNATURE: X | DATE:/ | | | | | |
| | OFFICER ACCEPTING FORM: | | | | | |

HOUSE CHECKS COMPLETED

| DATE | TIME | OFFICER | COMMENTS | DATE | TIME | OFFICER | COMMENTS |
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