CRANDALL POLICE DEPARTMENT
HOUSE CHECK/CLOSE PATROL REQUEST

Location of House Check:

Beginning date: **Ending date:**

Requested by: **Address:**

Phone number: **Email address:**

Local Contact: **Address:**

Phone number: **Email address:**

Keys Left With Local: Yes ☐ No ☐ If Yes Name/Phone: _____

Anyone In Residence Daily: Yes ☐ No ☐ If Yes Name/Phone: _____

Residential Alarm: Yes ☐ No ☐ Alarm Monitored: Yes ☐ No ☐ Details on Alarm: _____

Inside Light on: Yes ☐ No ☐ Lights on Timer: Yes ☐ No ☐ Vehicles on Premises: Yes ☐ No ☐

If vehicle will be left on the premise please provide the following information:

Make: Model: Color: Year: License Plate Number:

Make: Model: Color: Year: License Plate Number:

Will any vehicle be driven by anyone in your absence? Yes ☐ No ☐

List any additional information or details including anyone that may be on the property for any reason:_____

Signature: _____ Date: _____

THIS IS A COPY OF THE SECURITY CHECK THAT YOU RECENTLY REQUESTED. OUR OFFICERS MAKE EVERY EFFORT TO PROTECT YOUR PROPERTY EVEN WITHOUT REQUESTS SUCH AS THIS. HOWEVER, THIS KIND OF REQUEST PERMITS OFFICERS TO PAY PARTICULAR ATTENTION TO YOUR PROPERTY DURING TIMES OF SPECIFIC CIRCUMSTANCES. PLEASE DO NOT HESITATE TO CONTACT US IF YOU REQUIRE ADDITIONAL ASSISTANCE.

Received by Officer:_____ Date:_____ Time:_____

Date	Time	Officer ID	Secure (Y/N)	Notes

Date	Time	Officer ID	Secure (Y/N)	Notes

Date	Time	Officer ID	Secure (Y/N)	Notes

Date	Time	Officer ID	Secure (Y/N)	Notes

Date	Time	Officer ID	Secure (Y/N)	Notes