SCHERTZ POLICE DEPARTMENT **HOUSE CHECK WORKSHEET**

CODE# DIST#	ADDRESS TO CHECK		
DL/ID#	RESIDENT NAME		HOME PHONE:
DEPARTURE DATE:	TIME: AM PM	RETURN DATE:	TIME: AM PM

NOTE: YOU MUST BE GONE NO LESS THAN 3 DAYS AND NO MORE THAN 30 DAYS

LOCAL CONTACT PERSON	NAME	PHONE#
DO THEY HAVE KEYS? ☐ YES ☐ NO	ADDRESS	VEHICLE DESCRIPTION

NOTE: RESIDENCE MUST BE UNOCCUPIED BUT NOT VACANT

OTHERS CHECKING ON RESIDENCE	NAME	VEH DESC
	NAME	VEH DESC

VEHICLES LEFT AT RESIDENCE? ☐ NO ☐ GARAGE ☐ DRIVEWAY	LP	DESC
LP DESC	LP	DESC
LIGHTS LEFT ON? ☐ NO ☐ YES ☐ ON TIMER LOCATION:		
PETS LEFT AT RESIDENCE? ☐ NO ☐ YES TYPE OF PET(S):	INSIDE ☐	BACKYARD ☐
DO YOU HAVE AN **ALARM** SYSTEM? YES ☐ NO☐	COMPANY	PHONE #
DO YOU WISH TO BE CONTACTED IN CASE OF EMERGENCY?	NAME	NUMBER
MAIL ☐ STOPPED ☐ PICKED-UP	NEWSPAPER ☐ ☐	OTHER INFO:

DATE	TIME	CONDITION OF RESIDENCE	INITIALS	BADGE #

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DATE	TIME	CONDITION OF RESIDENCE	INITIALS	BADGE #