



**FORT WALTON BEACH POLICE DEPARTMENT
SECURITY HOUSE CHECK
REQUEST MUST BE APPROVED WHEN OVER 30 DAYS**

CASE # _____ BEAT _____

NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF PATROL REQUEST

From: _____	To: _____
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LIGHTS LEFT ON: Front Porch Back Porch Garage Living Room Kitchen
 Hallway Bathroom

Are lights on an automatic timer? Yes No

Are any of the following present? Dog(s) in Yard Dog(s) in House Alarm System
 Outside Motion Detector Locked Gates House Sitter(s)

Please list any vehicle(s) left at the residence, or those of the sitter(s):

MAKE	MODEL	COLOR	YEAR	TAG (State & Number)

Please list any emergency contact/persons with access to house:

NAME	ADDRESS	PHONE NUMBER

REQUEST NOTIFICATION BY COLLECT CALL IN CASE OF EMERGENCY? YES NO

C/O NAME	ADDRESS	PHONE NUMBER

FURTHER COMMENTS: _____

YOU NEED TO NOTIFY THE FORT WALTON BEACH POLICE DEPARTMENT WHEN YOU RETURN AND YOU WILL BE ASKED FOR YOUR PASSWORD FOR VERIFICATION.

PASSWORD FOR VERIFICATION: _____