



NORTHLAKE POLICE DEPARTMENT



Vacation/Vacant Home Check

ADDRESS: _____

NAME: _____

TELEPHONE # _____ CELL# _____

REASON HOME CHECK REQUESTED: _____

DATE/TIME DEPARTURE: _____ DATE/TIME RETURN: _____

DESTINATION ADDRESS: _____ TELEPHONE # _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME	ADDRESS	TELEPHONE #	RELATIONSHIP
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- **The Police Department cannot guarantee that we will be able to check your residence at specific times or dates, but we will make every effort to make checks on your residence as time and workload allow.**
- **The Police Department reserves the right to decline home checks that extend beyond 20 days. The home must not be occupied during the requested home check duration period.**

****For Northlake Police Department Use Only****		BEAT # _____
INSPECTION: EACH WATCH <input type="checkbox"/> 1 ST WATCH <input type="checkbox"/> 2 ND WATCH <input type="checkbox"/> 3 RD WATCH <input type="checkbox"/> DAILY <input type="checkbox"/>		
NAME OF PERSON RECEIVING THE VACATION WATCH: _____		
Date and Time _____		
Supervisor's Signature: _____		Date: _____
<u>Home Checks shall be logged on reverse side of this form</u>		

