WICKLIFFE POLICE DEPARTMENT
HOUSE CHECK/SPECIAL WATCH

HOUSE INFORMATION

Zone:	Begin Date:	End Date:	Received by:
Name:			Home Phone:
Address:			Cell Phone:
Reason for House Check/Special Watch:			
☐ Lights ☐ Timer ☐ Downstairs ☐ Upstairs ☐ Outside ☐ Cars in Driveway:			
Other:		Returned Date:	Received By:

EMERGENCY NOTIFICATION

Keyholder: ☐ YES ☐ NO	Home Phone:	Cell Phone:
Name:	Address:	

DATE	TIME	CONDITION	OFFICER	DATE	TIME	CONDITION	OFFICER