Brier Police Department
Security House Checks

Date _____

Name _____ Address _____ Phone _____

Drapes ❑ Open ❑ Closed

Lights ❑ On ❑ Off ❑ Timer

Remarks _____

_____

_____

_____

(Include any broken windows, broken or defective locks, or any other damage that an officer might discover)

Vehicle(s) on the property ❑ Yes ❑ No

Visible from street ❑ Yes ❑ No

Remarks _____

_____

_____

_____

(Include make, model, color license number or vehical (s) if known)

Date of Departure _____Destination _____ Date of Return _____

Phone # Where you can be Reached _____

Key Left With _____Phone (___)_____

Person on Premises _____

(Include lawn care, landscaping, pet care, relatives, etc.)

Date	Time	Ofc #

Date	Time	Ofc #

Date	Time	Ofc #

Date	Time	Ofc #