SP-07 No. _____

SHEPHERDSVILLE POLICE DEPARTMENT
HOUSE WATCH

ADDRESS _____ ZIP _____ NAME _____

REQUEST MADE BY _____ PHONE _____

VEHICLE GARAGE □ DRIVEWAY □ MAKE _____ MODEL _____ YEAR _____ COLOR_____

VEHICLE GARAGE □ DRIVEWAY □ MAKE _____ MODEL _____ YEAR _____ COLOR_____

PROTECTED BY ALARM SYSTEM YES □ NO □ NAME OF ALARM CO. _____

LIGHTS ON: YES □ NO □ CONSTANT YES □ NO □ AUTOMATIC YES □ NO □

KEYS LEFT WITH ANYONE YES □ NO □ W _____

IF YES, NAME _____ ADDRESS _____ PHONE H _____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM _____ TO _____

SIGNED _____ DATE OF REQUEST _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE (if not, state type report filed or action taken)	OFFICER'S SIGNATURE

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