Zone: _____

Newport Police Department

Residential Security Check

Name:	
Address:	**Phone:**
Date Leaving:	**Date Returning:**
Emergency Contact:	**Phone:**
Security Check Requested By:	

(Must be current resident)

Mail / Newspaper Pick Up	**Yes**	☐	**No**	☐	**Doors / Windows Locked**	**Yes**	☐	**No**	☐	**Yard Mowed**	**Yes**	☐	**No**	☐
Animals in House / Yard	**Yes**	☐	**No**	☐	**Does neighbor have key**	**Yes**	☐	**No**	☐					
Lights on in house	**Yes**	☐	**No**	☐	**Location:**									
Vehicles in yard	**Yes**	☐	**No**	☐	**Description (with license plate #):**									
Will anyone be visiting house	**Yes**	☐	**No**	☐	**Whom:**									
Comments:														

Date(s)																								
Front Door																								
Rear Door																								
Side Door																								
Windows																								
Garage																								
Storage																								
Vehicles																								
Gates																								
Officer's Initials																								
Notes:																								