## **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		<u> </u>		
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:									

I appreciate this courtesy service. I understand that this service will be done during regular police patrols and that there will not be any additional nor increased patrols. All services will be as time permits. I absolve the Newport Police Department and all police officers, the Town of Newport and all Town officials, staff and employees from any duty or responsibility in connection with this service.

Occupant		
Occupant	 	 
Owner	 	 

Owner