FULTON POLICE DEPARTMENT
PROPERTY/HOUSE CHECK

Comp. # _____

Approved by: _____ Date: _____

Index #: _____ Time: _____

Officer: _____

Complainant: _____ Address: _____ Phone: _____

ADDRESS TO BE CHECKED: _____ Complainant is the owner: □ Yes □ No

□ Residence □ Business □ Other _____ Reason: □ Vacation □ Other _____

ALARMS: □ yes □ no Type: _____

□ Timer Lights □ Constant Lights □ No Lights □ Motion Activated Lights □ Other: _____

In case of EMERGENCY, contact: _____ Phone # _____

Keys Left With:

Name: _____ Address: _____ Phone# _____

Name: _____ Address: _____ Phone# _____

Other people with access:

Name: _____ Address: _____ Phone# _____

Name: _____ Address: _____ Phone# _____

Date check starts: _____ Date check ends: _____ Date home: _____ Initial _____

DATE	INITIALS & BADGE #	COMMENTS