Rec by ____
Date _____
Time _____
Supvr_____

BEDFORD POLICE DEPARTMENT

Dist____

2121 L. Don Dodson Dr.
Bedford, TX 76021
817.952.2127

Request for Security House Check

PASSWORD:_____ (TO BE USED WHEN INQUIRING ABOUT YOUR RESIDENCE)
RESIDENCE NAME:_____
ADDRESS: _____ ZIP: _____
TELEPHONE: _____ DEPARTURE DATE: _____ RETURN DATE: _____

FOR EQUAL PARTICIPATION FOR ALL CITIZENS IN THE CITY OF BEDFORD, PLEASE LIMIT HOUSE CHECKS TO A TWO (2) WEEK PERIOD. THANK YOU FOR YOUR COOPERATION.

LOCAL EMERGENCY CONTACT
NAME: _____
PHONE_____
ADDRESS: _____ CITY:
_____
DO THEY HAVE KEYS TO YOUR HOME? _____YES _____ NO
WILL ANYONE BE AROUND OR HAVE ACCESS TO THE HOUSE OR GROUNDS? _____YES _____ NO
NAME: _____
PHONE_____
ADDRESS: _____ CITY: _____
PURPOSE: _____

RESIDENCE INFORMATION
LIGHTS LEFT ON:_____ TIMER: _____YES _____ NO
VEHICLES LEFT: 1. COLOR_____MAKE_____ LIC._____LOCATION:_____
2. COLOR_____ MAKE_____ LIC._____ LOCATION:_____
IN CASE OF AN EMERGENCY, DO YOU WISH TO BE CONTACTED BY COLLECT CALL? _____ YES _____ NO
IF YES, WHAT NUMBER (_____)_____
IS THERE A DOG IN YOUR BACKYARD? _____YES _____ NO

****

OFFICERS SECURITY HOUSE CHECK REPORT

DATE	TIME	CONDITION FOUND AND ACTION TAKEN	OFFICER & ID#

ADDITIONAL ACCESS TO HOUSE OR GROUNDS

NAME: ______________________________ TELEPHONE: __________________________
ADDRESS: ______________________________ CITY: ______________________________
PURPOSE: ____

NAME: ______________________________ TELEPHONE: __________________________
ADDRESS: ______________________________ CITY: ______________________________
PURPOSE: ____

OFFICER'S SECURITY HOUSE CHECK REPORT CONTINUED

DATE	TIME	CONDITION FOUND AND ACTION TAKEN	OFFICER & ID#