



TEEN SAFETY INITIATIVE PROGRAM HOME SAFE PROPERTY CHECK FORM

START DATE: _____ END DATE: _____

ADDRESS: _____

HOME PHONE # _____ LOCATION TYPE: _____

VEHICLES AT RESIDENCE:

PLATE	YEAR	MAKE	MODEL	COLOR

CHILDREN IN THE HOME:

NAME	AGE	NAME	AGE

PARENT NAME: _____ CELL # _____

LOCATION WHERE PARENT WILL BE: _____

PHONE # _____ ALTERNATE PHONE #: _____

OTHER EMERGENCY CONTACT: _____ PHONE: _____

MISC. INFORMATION:

DATE: _____ SIGNATURE: _____

Flyer provided [] Yes [] No



TEEN SAFETY INITIATIVE PROGRAM HOME SAFE PROPERTY CHECK FORM

POLICE DEPARTMENT USE

Incident #: _____

DATE	TIME	CONDITION	OFFICER
		<input type="checkbox"/> NORMAL <input type="checkbox"/> SUSPICIOUS	
		<input type="checkbox"/> NORMAL <input type="checkbox"/> SUSPICIOUS	
		<input type="checkbox"/> NORMAL <input type="checkbox"/> SUSPICIOUS	
		<input type="checkbox"/> NORMAL <input type="checkbox"/> SUSPICIOUS	
		<input type="checkbox"/> NORMAL <input type="checkbox"/> SUSPICIOUS	
		<input type="checkbox"/> NORMAL <input type="checkbox"/> SUSPICIOUS	
		<input type="checkbox"/> NORMAL <input type="checkbox"/> SUSPICIOUS	
		<input type="checkbox"/> NORMAL <input type="checkbox"/> SUSPICIOUS	
		<input type="checkbox"/> NORMAL <input type="checkbox"/> SUSPICIOUS	
		<input type="checkbox"/> NORMAL <input type="checkbox"/> SUSPICIOUS	

Suspicious activity and response will be documented fully on the incident report

NOTE: _____

DATE CLOSED: _____ BY: _____

The completed original with a copy of the incident report attached will be filed with the Records Clerk.