Winterville Police Department

P.O. Box 1459 2593 N. Railroad St. Winterville, NC 28590 Ph. (252) 756-1105 Fax (252) 756-3458

House Check Request

Vacation house checks will be conducted for no more than two weeks unless specifically approved by the Chief of Police.

In order to ensure prompt service, please print out this form and leave it at the Police Department or fax it to us during normal business hours. Thank you.

Address:				
Name: Phone:				
Alarm System: Y	'es No I	f yes, Company alarm:	Alarm PH #	
		: Audible:		
Lights left on Interior: Lights left on Exterior:			Automatic: Yes	No
Describe cars le	ft on property ou	tside:		
		ontact:		
		ed: (emergency only)		
Departing date/time: Returning date/time:				
Signature				
Printed name Date				
		Patrol Request Log		
Date:	Time:	Officer Name:	Remarks:	
Date:		Officer Name:	Remarks:	
Date:		Officer Name:	Remarks:	
Date:		Officer Name:	Remarks:	
		Officer Name:		
Date:	Time:	Officer Name:		
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Date:	Time:	Officer Name:	Remarks:	