



# 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



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## POLICE DEPARTMENT USE

Incident #: \_\_\_\_\_

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