

**DALHART POLICE DEPARTMENT
202 ROCK ISLAND
DALHART, TX 79022
806-244-5546**

Request for Security House Check

RESIDENCE NAME: _____
ADDRESS: _____ ZIP _____
TELEPHONE: _____ DEPARTURE DATE: _____ RETURN DATE: _____

**FOR EQUAL PARTICIPATION FOR ALL CITIZENS IN THE CITY OF DALHART, PLEASE
LIMIT HOUSE CHECKS TO A 14 DAY PERIOD. THANK YOU FOR YOU 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# _____
2) COLOR _____ MAKE _____ LIC# _____

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