

NAME OF RESIDENT		HOUSE CHECK NUMBER
RESIDENCE ADDRESS		TELEPHONE NUMBER
DATE OF DEPARTURE	DATE OF RETURN	COLOR OF HOUSE
ADDRESS WHERE OWNER MAY BE CONTACTED		EMERGENCY PHONE #
COLLECT PHONE CALL AUTHORIZED YES ___ NO ___	IS YARD FENCED YES ___ NO ___	IS FENCE LOCKED YES ___ NO ___
WILL KEYS BE LEFT WITH CARETAKER YES ___ NO ___ ADDRESS: _____		IF YES, NAME AND NUMBER
IS RESIDENCE ALARMED YES ___ NO ___	IF YES, INDICATE TYPE: SILENT ___ AUDIBLE ___ PHONE ___ AUTOMATIC ___ MANUALLY ___ RESETS ___	
IS THERE A POOL YES ___ NO ___	ANY ANIMALS ON PREMISES YES ___ NO ___	TYPE ANIMAL
IF VEHICLES, INDICATE TAG #	INSIDE OR OUTSIDE LIGHTS? ROOM OR AREA	
LIST BELOW NAMES(S) OF ANY PERSON(S) AUTHORIZED TO ENTER RESIDENCE AND/OR PROPERTY DURING ABSENCE (MAID, POOL MAN. ETC.) _____ _____ _____		

DATE / TIME CANCELLED : \_\_\_\_\_  
 CANCELLED BY : \_\_\_\_\_  
 Dispatcher's Name \_\_\_\_\_  
 PER : \_\_\_\_\_  
 Homeowner or Ofc. \_\_\_\_\_



**CERTIFICATION**

I hereby certify that I am the owner and/or authorized representative of the property listed hereon, and request that Selective Enforcement (house check) be made periodically at this location for the time period indicated above. During my absence, I hereby invite and authorize any member of the Winter Springs Police Department to enter my premise for the purpose of conducting security inspections to insure the timely protection of my residence and property, and to effect the arrest of any unauthorized person(s) thereon in connection with the protection requested. In this connection, I hereby agree to sign and file any required affidavits and/or complaints with the Police Department and/or State Attorney's Office to effect the prosecution of any malefactors.

I understand this authorization becomes effective upon the date of my departure, and will automatically cancel on the listed return date unless I call to extend the time period.

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Signature of Owner / Representative

WSPD # 52-A 8/00