LINCOLN POLICE DEPARTMENT

HOUSE-CHECK REQUEST

**Please fill out this form on-line, print and return to the Lincoln Police.

Homeowner: _____ Telephone Number: _____

Address: _____

Start Date: _____ End Date: _____

Lights on Timer: Yes _____ No _____

Location of Lights: _____

Other pertinent information (i.e., pets, vehicles, etc.):

_____

_____

_____

_____

Emergency Contact Information:

Name: _____ Telephone Number: _____

Address: _____

Key Holder: Yes _____ No _____

_____

Homeowner signature Officer/Clerk signature

DATE	TIME	OFFICER		DATE	TIME	OFFICER