
BAY COUNTY SHERIFF'S OFFICE – Monitor Township Residents

HOUSE CHECK REQUEST

Owner of Residence: _____

Address: _____

Phone Number(s): _____

Home: _____

Cell: _____

Date & Time(s) House Check Requested

Will any authorized vehicles and/or people be coming over to your residence during the time you are gone? ____ Yes ____ No

If **YES**, please list their name(s) and description of vehicle (Make/Model/Color)

WHO TO CONTACT IN THE EVENT OF A PROBLEM OR IF WE HAVE A QUESTION?

➤ Contact Person: #1 _____

Contact Phone No.# _____ Relationship: _____

➤ Contact Person: #2 _____

Contact Phone No.# _____ Relationship: _____