SOUTH LAKE MINNETONKA POLICE DEPARTMENT

RESIDENTIAL INSPECTION REPORT

Clear Residence Info

RESIDENCE INFORMATION	INSPECTION RECORD		
NAME:	DATE	TIME	OFFICER
ADDRESS:			
CITY:			
PHONE:			
CONTACT/ KEYHOLDER:			
PHONE:			
DEPARTURE DATE:			
RETURN DATE:			
LIGHTS ON? YES ☐ NO ☐			
LOCATION:			
ADDITIONAL INFORMATION (Timers, Alarms, Deliveries, Maintenance, etc:)			

Officers Will Complete Inspection Record

Do Not Write Below Line

Do Not Write Below Line

OFFICER NOTES (INCLUDE DATE & TIME)
1
2
3
4
5
6
7
8
9
10
11
12
13
14

OFFICE USE ONLY		
RECEIVED BY:	DATE:	TIME: