



CITY OF COVINGTON
COVINGTON POLICE DEPARTMENT

HOUSE CHECK REQUEST

Name: _____ Phone: _____

Address: _____

Start Checks: (date) _____ Time: _____

Stop Checks: (date) _____ Time: _____

Vehicles left at residence: Model & Color: _____ License #: _____

Model & Color: _____ License #: _____

Emergency, contact: (name) _____ Phone: _____

I _____ do hereby grant and request the Covington Police Department to visually and physically check upon the property listed above. I understand that this free service does not create a special duty upon the City or its Police Department, and is provided only as time is available. I understand that no guarantee is made nor assurance given against loss, theft or damage to the premises or property.

I agree to hold harmless the City of Covington, the Covington Police Department and all their respective staff and employees for any and all claims for personal injury, loss or damage to property that may be suffered by me through any action or lack thereof by a representative of the City of Covington.

Signed this _____ day of _____, _____.

By: _____
(Signature)

(Print Name)

Address: _____

Phone: _____

Request taken by: _____