## **House Check Request**

DCS	0	MPD	Call Red	cord#							
(To	be comple	eted by de	epartment)	rtment)			Date Faxed:				
ddress:											
wner Name:						Pho	ne Num	nber:			
acant From:	cant From: Due Back:						_				
ontact Person: _						Pho	ne Num	nber:			
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ights ?	Time	s:		Room	s:						
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property lis protection criminal act	ted above of my prop to my pro	periodica perty/resion perty dur	Office (DCSO)/I lly. I understa dence. I assigr ing the listed o MPD #563-92	ind the dep n no liability dates state	artment do to the DC	oes not SO/MP	provid D for a	e constar ny damag	nt ge and/or		
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