			House Check Re	que	st Fo	rm		/	//
Date Submitted: / /									LOUDON COUNTY
Vacant Dates (5 to 180 days): Start: End:									SHERIFF C.O.P. PROGRAM
NOTE: IF YOU RETURN EARLY PLEASE SUBMIT A NEW FORM MARKED CANCEL									
Owner Name(s) Other (*explain)									To have house checked, please place completed form in designated lock
Address:									box at the
Neighborhood:									Welcome Center
Phone Numbers: Cell/Other:									or
Local Emergency Contact: Name(s): Has Key:								lo	Tanasi Club House
Phone: Home: Cell:									
*Sub	mitter Special Instr	uctions:						•	
Table below reserved for C.O.P. entries: (complete columns 1 & 2, then use back)									
Date	C.O.P. Names	Time	Comments		Date	C.C).P. Names	Time	e Comments
—	1	+ + + + + + + + + + + + + + + + + + + +						-	