



618-254-2228

SUSPECTED NUISANCE HOUSE SURVEY

Street address of suspect nuisance house: _____

Brief description of the nuisance house (Color, location on block, 1 or 2 story): _____

Are there certain times when most of the suspected activity occurs?

Mornings? _____ Afternoons? _____ Evenings? _____ Weekends? _____

Certain days(s) of the week? _____ Which one(s)? _____

Beginning of the month? _____ End of the month? _____

Where does the most activity occur?

front door _____ back door _____ right side door _____ left side door _____

right side window _____ left side window _____ other _____

Do you smell any chemicals? (i.e. ether) _____

Average number of visitors in 3 hour period: _____

Average amount of time visitors stay at house: _____

Describe security at this house:

___ Boarded windows ___ Bars on windows ___ Re-enforced doors ___ Weapons

___ Guards – where? _____

___ Guard Dogs – where? _____

___ Other security – describe: _____

Names and any nicknames (if known) of suspected residents at that address (If you do not know their names, please give a description of the individuals).

1. _____ 3. _____

2. _____ 4. _____

What are they selling? _____

Cars of residents (R) and visitor cars (V)

<u>Year and Make</u>	<u>License Plates</u>	<u>State</u>
_____	_____	_____
_____	_____	_____

What day is trash pick up day? _____

Do they burn trash at residence? ___Yes ___No

