

# DART Inspection Sign-In Sheet

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Warrant# \_\_\_\_\_ Lead Officer: \_\_\_\_\_

### City Attorneys Office:

(Please initial to confirm attendance)

	<input type="checkbox"/>	
	<input type="checkbox"/>	

### Code Enforcement Staff:

(Please initial to confirm attendance)

	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

### Health Team Members:

(Please initial to confirm attendance)

	<input type="checkbox"/>	
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### DHS Team Members:

(Please initial to confirm attendance)

	<input type="checkbox"/>	
	<input type="checkbox"/>	

### Animal Care Services Team Members:

(Please initial to confirm attendance)

	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

### San Antonio Police Department:

(Please initial to confirm attendance)

		<b>WEST SAFFE</b>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
		<b>EAST SAFFE</b>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
		<b>NORTH SAFFE</b>
	<input type="checkbox"/>	
	<input type="checkbox"/>	

	<input type="checkbox"/>	
	<input type="checkbox"/>	
		<b>CENTRAL SAFFE</b>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
		<b>SOUTH SAFFE</b>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
		<b>PRUE SAFFE</b>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

**Other D.A.R.T. Team Members:**

(Please initial to confirm attendance)

	<input type="checkbox"/>	K-9
	<input type="checkbox"/>	Council / State Reps / Staff
	<input type="checkbox"/>	TABC
	<input type="checkbox"/>	Vice
	<input type="checkbox"/>	Narcotics
	<input type="checkbox"/>	PIO – Department:

**Media:**

(Please initial to confirm attendance)

	<input type="checkbox"/>	Channel:
	<input type="checkbox"/>	Newspaper: