



**Jerseyville Police Department**  
**200 S Jefferson St**  
**Jerseyville, IL 62052**

**SUSPECTED DRUG HOUSE FORM**

Street address of suspect drug house:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Are there certain times when most of the drug sales are made? \_\_\_\_\_

Day of week \_\_\_\_\_ Day of Month \_\_\_\_\_ Where are drugs sold?

\_\_\_\_\_

\_\_\_\_\_

Do you smell any chemicals? (i.e.:ether) \_\_\_\_\_

Average number of visitors in 3-hour period: \_\_\_\_\_

Average amount of time that 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 drug dealers at that address. (If you do not know their names, please give a description of the individuals).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

What are they selling? \_\_\_\_\_

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

Year and Make License Plates State

Make	Model	Registration	State
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1. \_\_\_\_\_

2. \_\_\_\_\_

Email form to [Jerseyvillepd@jerseyville-il.us](mailto:Jerseyvillepd@jerseyville-il.us). If you cannot email bring form to the Jerseyville Police Dept. and drop off or speak to an officer if you choose.