

Fox Valley Metro Police Department

House Check Form

Complaint Number: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Will anyone have permission to go on the premises? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes who: \_\_\_\_\_

In case of an emergency, whom shall we call? \_\_\_\_\_

\_\_\_\_\_ List their phone #: \_\_\_\_\_

Will any lights be left on and if so where? \_\_\_\_\_

Does anyone have permission to use the driveway or garage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so please describe: \_\_\_\_\_

Have you notified the Post Office and other delivery persons? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any neighbors watching your residence: \_\_\_\_\_

Do you understand that the police assume no responsibility other than trying to safeguard your home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your home protected by an alarm system? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so please describe: \_\_\_\_\_

**\*\* Please notify the Fox Valley Metro Police Department immediately upon your return by calling 788-7505.**

Signature: \_\_\_\_\_

Date Request Received: \_\_\_\_\_ Person Receiving the Request: \_\_\_\_\_