Fox Valley Metro Police Department

House Check Form

Complaint Number:			
Name:	DOB:	Phone:	
Address:		70-94-94-94-94-94-94-94-94-94-94-94-94-94-	
Departure Date:	Return Date:		
Will anyone have permission to g	o on the premises?	Yes	No
If yes who:			
In case of an emergency, whom sl	nall 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:	t ⁰ _ 2		
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		
your home?		Yes	No
Is your home protected by an alarm system?		Yes	No
If so please describe:			
** Please notify the Fox Valley by calling 788-7505.	Metro Police Department im	mediately upon yo	our return
	Signature:		
Date Request Received:	Person Receiving the Request:		

FVM-15

Revised: (08/13/07)