

Fox Valley Metro Police Department Vacation/House Check Form

Name:	DOR:	Pnone:	
Address:			
Departure Date:	Return Date:		
Will anyone have permission to go on th	ne premises?	Yes	No
If yes who:		_	
In case of an emergency, whom shall we	e contact?	-	
Phone #:			
Will any lights be left on and if so where	e?		
Does anyone have permission to use the	e driveway or gara	ge?Yes	No
If yes please describe:			
Have you notified the Post Office and/or	r other delivery pe	erson(s)? Yes	No
List any neighbors watching your resider	nce:		
Is your home protected by an alarm syst	tem?	Yes	No
If yes please describe:			
The Fox Valley Metro Police Departmer The department assumes no responsibi service.	•	•	-
Please notify the Fox Valley Metro Polic calling 788-7505.	ce Department im	mediately upon you	r return by
Sign	nature:		
FOR DEF	PARTMENT USE ON	ILY	
Date Request Received: Incident Number:		ving the Request:	
FVM-15		Ravisad: (08/1	0/15)