Plainfield Police Department

VACATION - SECURITY CHECK REQUEST

VHC CODE:

CHECK MY RESIDENCE AT:

(HOMEOWNER INFORMATION)

Address:_____

Phone/Days_____ **Phone/Evenings:**_____

OWNER Name:_____

AWAY INFORMATION:

Contact me at:_____ **Phone:**_____

Dates Away From:_____ **To:**_____

RESIDENCE INFORMATION:

Alarm: Yes___ No___ **Auto Reset:** Yes___ No___ **Alarm Type:**_____

Alarm Co.:_____ **Phone:**_____

Lights on Timers:_____

Cars in Driveway:_____

EMERGENCY CONTACT INFORMATION:

Name:_____

Address:_____

Phone/Days:_____ **Phone/Evenings**:_____

List anyone else with access: (Relatives, Workers, Neighbors, etc.) **Keys:** Yes___ No___

_____

DATE RECEIVED STAMP

I request a security check to be made for my residence during the time I have listed above. In consideration of this service provided by Plainfield Police Dept., I knowingly and voluntarily release and discharge the municipality of Plainfield, its officers, agents, representatives and independent contractors, from any and all liability claims, cause-of -action and damages from any personal injury, personal loss or damages, or loss or damages of property to the undersigned's person or property as a result of the monitoring in question. I will NOTIFY the police department upon my return and provide my driver's license number to confirm my identification:

DRIVER'S LICENSE NUMBER:_____

SIGNED:_____ DATED:_____ DEPT. INITIALS_____

DATE	TIME	Ofc/Disp	Secure Y/N	DATE	TIME	Ofc/Disp	Secure Y/N	DATE	TIME	Ofc/Disp	Secure Y/N