



VACATION/HOUSE CHECK FORM

complete this form and return it in-person or mail it to Police Department,
405 Wallace Street, Combined Locks WI 54113) Questions? Call 920-788-7743

NAME: _____ DOB _____

ADDRESS: _____ Combined Locks WI 54113

PREFERRED PHONE #: _____ 2ND CHOICE PHONE #: _____

Departure Date: _____ Return Date: _____

Does someone have permission to be on the premises? Yes No

If yes, who? Name: _____ Relationship: _____

Name: _____ Relationship: _____

In case of emergency, whom should we contact?

Name: _____ Emergency contact phone #: _____

Will any lights be left on, and if yes, where? Location(s): _____

Lights on a timer? Yes No

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

If yes, who? _____

Have you notified the Post Office and/or other delivery companies/persons? Yes No

List any neighbors who you have asked to watch your residence:

Name: _____ Address: _____

Name: _____ Address: _____

Is your home protected by an alarm system? Yes No

If yes, describe alarm system or list alarm company contact information: _____

The Outagamie County Sheriff's Department personnel perform the vacation/house checks as a courtesy. The Department assumes no responsibility or liability for your home while performing this service.

Signature: _____ Date: _____