



## VACATION/HOUSE CHECK REQUEST

Complete this form and return it in-person or mail it to Police Department,  
405 Wallace Street, Combined Locks WI 54113

**Questions? Call 920-832-5000**

NAME: \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Combined Locks WI 54113

PREFERRED PHONE #: \_\_\_\_\_ 2<sup>ND</sup> 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: \_\_\_\_\_