

## **House Check Request Form**

Attn: Allouez Police Officers 1900 Libal Street Fax: (920)448-0281

Name:		
Address:		
Number where you can be reached:		
Leave date:	Return date:	
Key holder/Emergency contact information: Name:		
Address:		
Phone:		
Important info for police (ex. Lights on timers, a	ny vehicles in driveway, neighbor checking house)	
subsection as abuilding, dwelling, land (particle). The property owner understands and agree or volunteers, free from liability related to absence marked on this form. This is a comby performing this service during the not that the property will remain safe. Should	returning to the property. "Property" is definancel), vehicle (car or truck), fence, trailer, garages to hold the Village of Allouez, Brown County the checking or monitoring of the property duramunity service being provided to the resident ed absence, no guarantees are made or implied if appear that the property was compromised where with the information provided, and to see the section listed above.	ge, boat and shed, y, its employees ing the noted s of our village. ed to the owner ed in some way;
Signature:	Date:	