

VILLAGE OF DENMARK POLICE DEPARTMENT
HOUSE CHECK REQUEST FORM

DATE OF REQUEST: _____

NAME OF PERSON MAKING REQUEST: _____

ADDRESS TO CHECK: _____

DATE OF DEPARTURE: _____

DATE OF RETURN: _____

NAME OF PERSON IN DENMARK THAT WILL BE WATCHING PROPERTY
WHILE YOU ARE GONE: _____

ADDRESS: _____

TELEPHONE #: _____

NAME, ADDRESS AND TELEPHONE # WHERE YOU CAN BE REACHED IN CASE OF
EMERGENCY:

PLEASE LIST ANY LIGHTS OR APPLIANCES (scanner, radio, etc.) AND THEIR
LOCATIONS IN THE HOUSE, THAT YOU ARE LEAVING ON.

