

# Willard Police Department

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CHIEF OF POLICE

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## HOUSE CHECK REQUEST FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Leaving on: \_\_\_\_\_

Returning on: \_\_\_\_\_

LIGHTS LEFT ON: (Check all that apply)

\_\_\_\_\_ 1st Floor \_\_\_\_\_ 2nd Floor \_\_\_\_\_ Kitchen \_\_\_\_\_ Back Light

\_\_\_\_\_ Front Light \_\_\_\_\_ Living Room \_\_\_\_\_ Bedroom

\_\_\_\_\_ Other

AUTHORIZED VEHICLES ON SITE:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

KEYHOLDER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

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