

Town of Campbell Police Department

2219 Bainbridge Street La Crosse WI 54603

Telephone 608 783-1050 Fax 608 783-0650

HOUSE CHECK REQUEST FORM

CPD USE ONLY

Case # _____

Time: _____

Date: _____

PROPERTY OWNER NAME: _____

Property Address: _____

Departure Date: _____ Return Date: _____

Destination Address: _____

Destination Phone/Cell Ph. #'s: _____

Security System: () Yes () NO Company: _____

Automatic Lighting: () Yes () NO Location: _____

Animals Left on Premise () Yes () No Type: _____

Please Contact one of the following in an emergency:

Name: _____ Has Key: () Yes () No

Address: _____ Ph #: _____

Name: _____ Has Key: () Yes () No

Address: _____ Ph #: _____

Name: _____ Has Key: () Yes () No

Address: _____ Ph #: _____

List Any Vehicle(s) left on Property:

Car Make of Car/Model of Car/Color Car License# Location

1. _____

2. _____

3. _____

I request periodic exterior security house checks of my property and agree to notify the Campbell Police Department if I/We return early.

Signed: _____ Date: _____