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**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: \_\_\_\_\_