



DuPont Police Department

	Vacation House Check
	Extra Patrol Request

Departure Date & Time:		Return Date & Time:	
Request Received By:	Date Received:	Time Received:	

Requestor/Resident's Name:			
Street Address:			
Home Telephone:		Cellular Phone:	

Will any vehicle(s) be left outside the residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle(s) description:
Will someone have spare keys to the residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Telephone number of individual(s) in possession of spare keys:
Will anyone be staying at the residence while you are away: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Telephone number of individual(s) staying at the residence:
Are there any weapons in the house: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of weapons:
Will there be lights on inside/outside the residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they on a timer? List the time they come on and go off.
Are there any dangerous conditions that officers should be aware of: <input type="checkbox"/> Yes <input type="checkbox"/> No	List the dangerous conditions:
Is your house monitored by an alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what alarm company: _____	Are you leaving any pets at the residence: <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Notes:

