



PLAINFIELD POLICE DEPARTMENT

14300 S. COIL PLUS DR.
PLAINFIELD, IL 60544
(815) 436-6544
Fax: (815) 436-1486

VHC
CODE:

VACATION-SECURITY CHECK REQUEST

CHECK MY
RESIDENCE AT:

(HOMEOWNER
INFORMATION)

Address: _____
Phone/Days: _____ Phone/Evenings: _____
OWNER Name: _____

AWAY
INFORMATION:

Contact me at: _____ Phone: _____
Dates Away From: _____ To: _____

RESIDENCE
INFORMATION:

Auto
Alarm: Yes ___ No ___ Reset: Yes ___ No ___ Alarm Type: _____
Alarm Co: _____ Phone: _____

Lights on Timers: _____ Cars in Driveway: _____

EMERGENCY
CONTACT
INFORMATION:

DATE
RECEIVED
STAMP

Name: _____
Address: _____
Phone/Days: _____ Phone/Evenings: _____
List anyone else with access: (Relatives, Workers, Neighbors, etc.) Keys: Yes ___ No ___

I request a security check to be made for my residence during the time I have listed above. In consideration of this service provided by Plainfield Police Dept., I knowingly and voluntarily release and discharge the Village of Plainfield, its officers, trustees, employees, agents, representatives and independent contractors, from any and all liability claims, causes-of-action and claims for damages from any personal injury, personal loss or damages, or loss or damages of property to the undersigned's person or property as a result of the requested monitoring of my residence. I will NOTIFY the police department upon my return and provide my driver's license number to confirm my identification:

DRIVER'S LICENSE NUMBER: _____ SIGNED: _____ DATED: _____ DEPT. INITIALS _____

Date	Time	Ofc/Disp	Secure Y/N	Date	Time	Ofc/Disp	Secure Y/N	Date	Time	Ofc/Disp	Secure Y/N