



**City of Willard
Police Department**

HOUSE CHECK REQUEST FORM

Name: _____

Address: _____

Phone: _____

Leaving on: _____

Returning on: _____

LIGHTS LEFT ON:

_____ 1st Floor _____ 2nd Floor _____ Kitchen _____ Back Light
_____ Front Light _____ Living Room _____ Bedroom
_____ Other _____

AUTHORIZED VEHICLES ON SITE:

Make: _____

Make: _____

Model: _____

Model: _____

Color: _____

Color: _____

KEYHOLDER:

Name: _____

Address: _____

Phone: _____

ADDITIONAL COMMENTS: