

Town of Campbell Police Department

2219 Bainbridge Street La Crosse, Wisconsin 54603

Phone:(608)783-1050 Fax:(608) 783-0650

CPD Use Only

Case# _____

Time: _____

Date: _____

House Check Request Form

Property Owners Name: _____

Property Address: _____

Departure Date: _____ Return Date: _____

Destination Address: _____

Destination Phone/Cell Phone Numbers: _____

Security System: YES ___ NO ___ Company _____

Automatic Lighting: YES ___ NO ___ Location: _____

Animals Left on Premises: YES ___ NO ___ Type: _____

Please contact one the following people in case of an emergency:

(1) Name: _____ Has keys to property
Address: _____ Yes No
Phone Number: _____

(2) Name: _____ Has keys to property
Address: _____ Yes No
Phone Number: _____

List any vehicle(s) left on property:

	MAKE	MODEL	PLATE#	LOCATION
1.				
2.				
3.				

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

Signed: _____ Date: _____