House Check Request

Dates of Absence: _____

Name: _____

Address: _____

Emergency Contact: _____

Emergency Phone Number: _____

Misc Information (Person(s) staying there; Lawn/Sidewalk care; Garage; Timed Lights)

_____

_____

_____

_____

_____

Date	Officer	Findings

Date	Officer	Findings

VILLAGE OF

Campbellsport