

**NEW ALBANY POLICE DEPARTMENT
HOUSE/BUSINESS CHECK**

Password _____
(mothers maiden name, pet name, etc.)

Request Number: _____
(completed by New Albany Police)

Leaving Date: _____ **Approximate Time:** _____

Returning Date: _____ **Approximate Time:** _____

Type check: (circle) Vacation Business Extra Patrol

Residents/Requestor Names: _____

Address: _____

Telephone: _____ **Cell 1:** _____ **Cell 2:** _____

Lights on timers:

- 1st Floor Lights 2nd Floor Lights Kitchen Lights Living Room Lights
 Backlights Front Lights Bedroom Lights

Paper/Mail Stopped: (circle) Y/N

Authorized vehicles parked on your property:

Make: _____ **Model:** _____ **Color:** _____
Make: _____ **Model:** _____ **Color:** _____

Authorized vehicles parked in your garage:

Make: _____ **Model:** _____ **Color:** _____
Make: _____ **Model:** _____ **Color:** _____

Emergency contact number: _____ **Keyholder: (circle) Y/N**

Persons authorized to be on your property:

Name: _____ **Phone:** _____ **Keyholder: (circle) Y/N**
Name: _____ **Phone:** _____ **Keyholder: (circle) Y/N**
Name: _____ **Phone:** _____ **Keyholder: (circle) Y/N**

Requestor understands that New Albany Police Department assumes no liability in connection with check.

Requestor is to call upon return to cancel. Check will be cancelled on date/time above unless otherwise notified by requestor.

Signature of person completing form

Date