

RESIDENCE CHECK

Date Leaving _____

Date Returning (Within 30 Days) _____

Name _____ Today's Date _____

Address _____ Telephone Number _____

In the event of an emergency contact:

Name _____ Phone Number _____

Address _____

Please answer the following questions?

1. Have you authorized anyone to be on the property in your absence? _____ If yes, who? _____

 2. Have you arranged for mail or papers to be picked up or discontinued? _____
 3. Will any lights be left on? _____ Where? _____
 4. Will there be any motor vehicles at this residence? _____ Describe _____
 5. Have you arranged for your lawn to be maintained in you absence? _____ Who? _____
 6. Do you have a working burglar alarm? _____
 7. Is your alarm monitored by a security company? _____ Who? _____
 8. Does anyone have access to your alarm code? _____
 9. Who? Name _____ Address _____
 10. Phone Number _____
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**CONTACT THE CLINTON POLICE DEPARTMENT IMMEDIATELY UPON YOUR RETURN
592-3105 OR 592-1151**

I hereby authorize the Clinton Police Department access to my property described above during the dates noted above for the purpose of protecting my property. I understand that the members/agents of the Clinton Police Department or the City of Clinton assume NO responsibility for any loss or damage to my property.

Signature _____