UPPER ST. CLAIR POLICE DEPARTMENT
REQUEST FOR HOUSE CHECK/RELEASE OF LIABILITY

I / WE, _____ OWNER(S)/CUSTODIAN(S) OF _____ (ADDRESS) UPPER ST. CLAIR TOWNSHIP, REQUEST THE UPPER ST. CLAIR POLICE DEPARTMENT TO CHECK THE ABOVE LISTED PROPERTY FROM _____ TO _____, DURING WHICH TIME I / WE WILL NOT BE PRESENT. I / WE HEREBY RELEASE UPPER ST. CLAIR TWP. AND ANY OF IT'S EMPLOYEES OF ALL LIABILITY FROM DAMAGE OR INJURY THAT I / WE MAY SUSTAIN IN MY / OUR REAL OR PERSONAL PROPERTY, BY REASON OF SAID INSPECTION, AND THINGS THAT MAY REQUIRE TO BE DONE PURSUANT THERETO.

SIGNATURE: _____

DESTINATION: _____ PHONE: _____
PERSON HAVING ACCESS: _____ ADDRESS: _____ PHONE: _____
LOCAL EMERGENCY CONTACT: _____ ADDRESS: _____ PHONE: _____
PERSONS PERMITTED ON PREMISES: DELIVERIES TERMINATED
HOUSEKEEPER: _____ LANDSCAPER: _____ WINDOW CLEANER: _____ MAIL: _____ PAPER: _____
PAINTER: _____ REPAIRMAN: _____ OTHER: _____ OTHER: _____
YOUR VEHICLE(S) THAT WILL BE PARKED IN THE DRIVEWAY DURING YOUR ABSENCE (INCLUDE MAKE, COLOR, LIC PLATE #)
_____
LIGHTS/TIMERS LEFT ON: _____
ADDITIONAL INFORMATION: _____
HOUSE ALARMED: YES: ____ NO: _____ ALARM COMPANY: _____

DATE	TIME	BY	DOORS/WINDOWS	DELIVERIES	REMARKS	CCN#
						Rev. 1/08

UPPER ST. CLAIR POLICE DEPARTMENT

HOUSE CHECK REPORT

PD USE ONLY
GRID: ______________
DATE REC'D: __________
REC'D BY: ____________
COMP ENTRY: _________

NAME: ____

ADDRESS: ____________________________________

PHONE #: _____________________________________

(CIRCLE ONE)

☐ PHYSICAL CHECK - < 14 DAYS 14-30 DAYS > 30 DAYS

☐ OBSERVATION ONLY CHECK

☐ VACANT HOME – OBSERVATION ONLY CHECK

DATE	TIME	BY	DOORS/WINDOWS	DELIVERIES	REMARKS	CCN#