PD USE ONLY
GRIID:_____
DATE REC'D:_____
REC'D BY: _____
COMP ENTRY: _____

UPPER ST. CLAIR POLICE DEPARTMENT

REQUEST FOR HOUSE CHECK/RELEASE OF LIABILITY

NAME: _____ ADDRESS:: _____ PHONE: _____

___ PHYSICAL CHECK ___ OBSERVATION ONLY CHECK ____ VACANT HOME OBSERVATION ONLY CHECK

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: _____

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: _____

DATE	TIME	BY	CCN# / NOTES	DATE	TIME	BY	CCN# / NOTES

DATE	TIME	BY	CCN# / NOTES	DATE	TIME	BY	CCN# / NOTES

Rev 01/11