PD USE ONLY

GRID: 1 2 3 4

DATE RECEIVED: _____
RECEIVED 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:

HOUSEKEEPER: _____ LANDSCAPER: _____ WINDOW CLEANER: _____

PAINTER: _____ REPAIRMAN: _____ OTHER: _____

DELIVERIES TERMINATED

MAIL: _____ PAPER: _____

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: _____

PD USE ONLY

_____PHYSICAL (1 DAY – 14 DAYS)

_____PHYSICAL (15 DAYS – 5 MONTHS)

_____PHYSICAL (5 MONTHS +)

PHYS NOTES: _____

_____OBSERVATION (1 DAY – 5 MONTHS)

_____OBSERVATION (5 MONTHS +)

OBS NOTES: _____

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

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

Rev 01/19