



Home Security Check

INCIDENT NUMBER (Internal use) _____

NAME: _____ ADDRESS: _____

PHONE _____ LEAVING _____ RETURNING _____

WILL ANYONE BE STAYING ON THE PREMISES: _____ (If yes, we do not accept the home check but can make an informational log instead.)

EMERGENCY CONTACT: _____ PHONE: _____

DOES ANYONE HAVE A KEY TO THE RESIDENCE: _____

HAVE LIGHTS BEEN LEFT ON? YES: _____ NO _____ TIMER? _____ ALARM? _____

ARE THERE ANY PETS LEFT AT THE PREMISES: _____

WILL ANYONE BE CHECKING ON OR HAVE ACCESS TO THE PROPERTY: yes / no

Name/Phone: _____

VEHICLES AT LOCATION: MAKE _____ MODEL _____ COLOR _____ LIC# _____

MAKE _____ MODEL _____ COLOR _____ LIC# _____

PAPERS/MAIL BEING COLLECTED? YES _____ NO _____

OTHER RELEVANT INFORMATION

Vacation checks will be performed as time/personnel permits. Submission of this form releases the Fairfax Police Department of all liability for loss of property or damage occurring during the time period.

The Fairfax Police Department and Town of Fairfax do not assume any liability for your residence during the specified dates. House/Vacation checks are not to be used as a substitute for security measures.

Resident Signature: _____ Date: _____



Town of Fairfax

Home Check logs

DATE	TIME	OBSERVATIONS	OFFICER