

FONTANA POLICE DEPARTMENT

VACATION / EMPTY PROPERTY CHECK SHEET

Address: _____

Date Leaving: _____ Date Returning: _____

Not to exceed 6 Months.

If no return date is listed, this request will be canceled after 3 months

Name / Owner: _____

Address I Can Be Reached At: _____

Phone # _____ Cell Phone #: _____

Email: _____

Alarm Company Name: _____

Visible Vehicles: No Yes Describe: _____

Lights on Timer? No Yes From: _____ to _____

Person(s) checking property / key holder information

Name: _____ Phone: _____

Name: _____ Phone: _____

Will be: Checking Daily Checking periodically

Additional Information: _____

I hereby give consent to the Fontana Police Department to enter upon my property during the time indicated, in my absence, for the purpose of inspection to ensure property is secure: and further authorize identification / verification of person/s on property and their permission to be there.

I am aware that if anyone is located at my property that is authorized to be there without prior notice to the Fontana Police Department this property check request will be canceled a new request will have to be completed.

Filled out in person

Over the phone request

Signature: _____ Date: _____

Return to: police@vi.fontana.wi.gov, Fax 262-275-3855

Fontana Police Department

PO Box 325

Fontana, WI 53125

Entered by _____ Date _____