

# GRAFTON POLICE DEPARTMENT

NO. \_\_\_\_\_

\_\_\_ HOUSE CHECK      \_\_\_ EXTRA PATROL

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

HAVE KEYS BEEN LEFT WITH ANYONE? \_\_\_ YES \_\_\_ NO

IF YES: NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO THE PREMISES DURING YOUR ABSENCE?  
\_\_\_ YES \_\_\_ NO

IF YES: NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

WILL THERE BE ANY LIGHTS ON IN THE RESIDENCE? \_\_\_ YES \_\_\_ NO

IF YES: WHERE \_\_\_\_\_

WILL THERE BE ANY VEHICLES PARKED IN THE DRIVEWAY? \_\_\_ YES \_\_\_ NO

IF YES:

1. YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ COLOR: \_\_\_\_\_ REGISTRATION: \_\_\_\_\_

2. YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ COLOR: \_\_\_\_\_ REGISTRATION: \_\_\_\_\_

MISC. INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY ENTER CONTACT INFORMATION FOR US TO CALL:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAIL REQUEST TO:

GRAFTON POLICE DEPARTMENT  
1009 CHESTNUT STREET  
GRAFTON, OHIO 44044

OR DROP OFF REQUEST TO:

VILLAGE OF GRAFTON TOWN HALL  
960 MAIN STREET  
GRAFTON, OHIO 44044

SUBMIT FORMS 5 DAYS PRIOR TO YOUR DEPARTURE DATE  
PLEASE CALL 440-926-2261 OR 440-822-0088 WHEN YOU RETURN

REQUEST RECEIVED: DATE: \_\_\_\_\_ OFFICER: \_\_\_\_\_