

VIENNA POLICE DEPARTMENT
HOUSE CHECK REQUEST FORM
(703) 255-6366

I, _____, request the Town of Vienna Police Department to check my residence at _____ from

through _____ as often as their schedule reasonably permits. I understand that house checks will depend upon manpower availability, and that there can be no assurance that the house checks will stop the intentional criminal acts of other persons. I have been advised that I should take additional security precautions.

Signature: _____ Date: _____

Please print the following information:

Today's date: _____

Name: _____

Address: _____ Ph#: _____

Lights/radios on:(locations) _____

Pets: _____

Vehicles: _____
(Include vehicles enclosed in your garage.)

Alarm: YES:___ NO:___ _____
(If yes, list company name & ph.#)

Keys: _____

Emergency contact names and phone numbers: _____

Will anyone else be checking the home or have access to it?
(Please list names and any vehicle description):

Drop off anytime or mail to: Vienna Police Department
215 Center Street, South
Vienna, VA 22180
Attn: RECORDS SECTION