



WILMINGTON POLICE DEPARTMENT

129 Robert P. Weidling Drive
Wilmington, IL 60481
(815) 476-2811
Fax: (815) 476-5268

VHC
CODE:

VACATION-SECURITY CHECK REQUEST

CHECK MY
RESIDENCE AT:

(HOMEOWNER
INFORMATION)

AWAY
INFORMATION:

RESIDENCE
INFORMATION:

Address: _____
Phone/Days: _____ **Phone/Evenings:** _____
OWNER Name: _____

Contact me at: _____ **Phone:** _____
Dates Away From: _____ **To:** _____

Auto
Alarm: Yes ___ No ___ **Reset:** Yes ___ No ___ **Alarm Type:** _____
Alarm Co: _____ **Phone:** _____

Lights on Timers: _____ **Cars in Driveway:** _____

EMERGENCY
CONTACT
INFORMATION:

DATE
RECEIVED
STAMP

Name: _____
Address: _____
Phone/Days: _____ **Phone/Evenings:** _____
List anyone else with access: (Relatives, Workers, Neighbors, etc.) **Keys:** Yes ___ No ___

I request a security check to be made for my residence during the time I have listed above. In consideration of this service provided by Wilmington Police Dept., I knowingly and voluntarily release and discharge the City of Wilmington, its officers, trustees, employees, agents, representatives and independent contractors, from any and all liability claims, causes-of-action and claims for damages from any personal injury, personal loss or damages, or loss or damages of property to the undersigned's person or property as a result of the requested monitoring of my residence. I will NOTIFY the police department upon my return and provide my driver's license number to confirm my identification:

DRIVER'S LICENSE NUMBER: _____ SIGNED: _____ DATED: _____ DEPT. INITIALS _____

Date	Time	Ofc/Disp	Secure Y/N	Date	Time	Ofc/Disp	Secure Y/N	Date	Time	Ofc/Disp	Secure Y/N