

## **Police Department**

400 Main Street Cottage Grove, OR 97424

> Phone (541) 942-9145 Fax (541) 942-4310 www.cgpolice.org

## VACATION HOUSE / BUSINESS CHECK FORM (Please Print)

L#:	(Departm	ent Use Only)	VHC #:		(Department Us	e Only)
Address:		Name:	Loot	First	DOB:	
Request made by:						
Reason for reques	st: [] Premise	s will be vacant	[ ] Other			
Type of Premise:	[ ] Business	[ ] Residence [	] Other:			
Protected by alarn	n system: [ ] Ye	s []No Ify	es, type of alarm	n/company:		
Lights on: [ ] Yes	[] No Cons	tant: [ ] Yes [ ] N	No Automatic:	[]Yes[]No	)	
Keys left with anyone: [ ] Yes [ ] No If yes, name: Phone:						
Other person(s) w	ho have access	to premises (Rela	tives, Workers, N	Neighbors, Em	ployees)	
Would you like to l If yes, telephone # Any cars parked @ Any dogs in yard/h	with area code: presidence: []	Yes [] No If yo	or e	-mail address:		
I request a securit return.	y check of my pr	emises from(30	day limit)		and will no	tify upon my
Signature of requesting party: Date requested:						<del></del>
DATE	TIME	PREMISES SE	CURE			OFFICER