

# House Check

CFS# \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dates away \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone# \_\_\_\_\_ E-Mail \_\_\_\_\_

Key? Y/N

Lights on? Y/N

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that the Thief River Falls Police Department/Pennington County Sheriff's Office may periodically monitor the exterior of my residence to the extent staffing and resources allow while out of town on the dates specified above. However, I also acknowledge that due to other essential functions of the police department the Thief River Falls Police Department/Pennington County Sheriff's Office cannot guarantee the security of my house and is not liable or responsible for any theft, damage, etc. to my residence while out of town. I understand this service provided by the police department is at no charge but does not relieve me of the responsibility for taking measures to secure my property.

Signature \_\_\_\_\_

Info taken by \_\_\_\_\_