



# NEW LEXINGTON POLICE DEPARTMENT

215 S. MAIN STREET NEW LEXINGTON, OHIO 43764 PH: (740) 342-4111 FAX: (740) 342-0409

## Request for House Checks

VC Check #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_

Return Time: \_\_\_\_\_

Type of Check:  Extra 35  Residence Check  Business Check

Lights Left On While Away? Explain If on Timers and What Part of House  
\_\_\_\_\_  
\_\_\_\_\_

Vehicles Left on Premises: Include Make, Model and Colors  
\_\_\_\_\_  
\_\_\_\_\_

Who Will Have Access to Property While Away? Include Names and Numbers  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTIFY THE DEPARTMENT IF YOU RETURN BEFORE YOUR SCHEDULED DATE**

**Office Use Only:**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Requested Per Officer: \_\_\_\_\_

IN CAD: Beat: \_\_\_\_\_

District: \_\_\_\_\_