



STANLEY POLICE DEPARTMENT



SPECIAL CHECK REQUEST

ADDRESS OR AREA TO BE CHECKED: _____

OCA NUMBER: _____ **Police Only** DATE OF REQUEST: _____

TYPE OF CHECK: VACATION CHECK OTHER SPECIAL CHECK: _____

SPECIAL CHECK BEGINS ON: _____ SPECIAL CHECK TO END ON: _____ *

** Maximum time is one month. Further time will require complainant to call and re-request special check*

Complainant Name: _____

Complainant's Home Address: _____

Phone Numbers: (Home) _____ (Work) _____
(Cell or other phone number) _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____ (_____)
NAME OF EMERGENCY CONTACT RELATIONSHIP

Address: _____ Phone: _____

Family or friends (key-holders) with permission to be at property: _____

ALARM SYSTEM: YES () NO () NAME OF ALARM COMPANY: _____

CONTACT NUMBER FOR ALARM COMPANY: _____

Any lights left on and/or vehicles left at property (please describe): _____

If this is NOT a vacation check, please describe in detail what the Officer's should be looking for.

(Example: Recent break-in or damage to property, what vehicles should NOT be there, describe any officer safety concerns)

POLICE OR DISPATCH USE ONLY

OFFICER OR DISPATCHER RECEIVING REQUEST: _____

DATE: _____