VILLAGE OF MARYVILLE, ILLINOIS
DEPARTMENT OF POLICE

CHIEF of Police
Richard Schardan

2500 North Center Street – Maryville, Illinois 62062
Phone: (618) 344-8899 Fax: (618) 345-9284 Emergency: DIAL 9-1-1

Village of Maryville
State of Illinois

VACATION CHECK REQUEST

NAME (REQUESTER)		ADDRESS	
CELLULAR PHONE NO.	ALTERNATE PHONE NO.	DATE OF DEPARTURE	DATE OF RETURN

☐ YES ☐ NO WILL THE RESIDENCE BE VACANT?

☐ YES ☐ NO WILL THERE BE LIGHTS LEFT ON IN THE RESIDENCE? IF YES, ARE THE LIGHTS ON A TIMER? _____

☐ YES ☐ NO WILL YOU BE LEAVING KEYS WITH ANYONE? IF YES, PLEASE STATE THE NAME: _____

☐ YES ☐ NO IF YOU ARE LEAVING KEYS WITH SOMEONE, DO YOU WISH TO HAVE THIS PERSON CONTACTED IN THE EVENT OF AN EMEREGENCY? IF YES, PLEASE PROVIDE THE PHONE NUMBER: _____

☐ YES ☐ NO IS THE RESIDENCE PROTECTED BY AN ALARM SYSTEM? IF SO, WHAT ALARM COMPANY?: _____

PLEASE LIST ANY OTHER PERSON(S) THAT WILL HAVE ACCESS TO THE RESIDENCE WHILE YOU ARE AWAY, INCLUDING NEIGHBORS, RELATIVES, LAWN OR PET CARE SERVICES, ETC.:

_____ _____

_____ _____

☐ YES ☐ NO WILL YOU BE LEAVING ANY VEHICLES AT THE RESIDENCE DURING THE TIME YOU ARE AWAY? IF YES, PLEASE LIST ANY VEHICLES TO REMAIN AT THE RESIDENCE ON THE SPACES PROVIDED BELOW – PLEASE INCLUDE THE COLOR, MAKE, AND MODEL FOR EACH VEHICLE:

_____ _____

_____ _____

☐ YES ☐ NO IN CASE OF AN EMERGENCY OR ANY PROBLEMS AT THE RESIDENCE DURING THE TIME YOU ARE AWAY, WOULD YOU LIKE US TO CONTACT YOU IMMEDIATELY? IF YES, PLEASE PROVIDE A PHONE NUMBER AT WHICH YOU MAY BE REACHED: _____

BY SIGNING BELOW, I REQUEST THE VILLAGE OF MARYVILLE, ILLINOIS DEPARTMENT OF POLICE TO CONDUCT SECURITY CHECKS TO MY RESIDENCE AND PREMISES DURING THE TIME OF WHICH I AM AWAY.

_____ _____
SIGNATURE OF REQUESTER DATE

PLEASE NOTE: WE REQUEST YOU PLEASE CONTACT US IMMEDIATELY UPON YOUR RETURN TO YOUR RESIDENCE. YOU MAY REACH THE VILLAGE OF MARYVILLE, ILLINOIS DEPARTMENT POLICE BY CALLING (618) 344-8899. THANK YOU!

SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE (DESCRIBE ANY ACTIONS TAKEN OTHERWISE)	OFFICER	T-COMM

REQUESTER NOTIFIED POLICE DEPARTMENT UPON RETURNING: DATE:_____ TIME:_____ T-COMM:_____