Village of Ridge Farm

Police Department

REQUEST FOR PREMISES CHECK

Name of Occupant:_____

Address to be Checked: _____

Phone where you can be reached:_____

Emergency Contacts:

Name: _____ **Phone:**_____

Name: _____ **Phone:**_____

Departure Date:	Departure Time:
Return Date:	Return Time:
Is there lights set to go on and off inside the house? YES _____ NO _____ IF yes, What Times?	What Rooms and location of house?
Will there be any vehicles left on the premise? YES _____ NO _____ IF yes, Make/Model/License #:	Will there be any persons who may be at the residence during your absence? YES _____ NO _____ IF Yes, Name & Reason:

Comments: