

MPD – HOUSE CHECK REQUEST

CASE # _____

I REQUEST A HOUSE CHECK BE MADE OF MY PREMISES. I UNDERSTAND THAT THIS HOUSE CHECK SERVICE WILL INCLUDE PERIODIC CHECKS OF MY RESIDENCE AND THE FREQUENCY OF THESE CHECKS WILL DEPEND ON THE WORKLOAD OF THE OFFICER ASSIGNED TO THIS AREA.

RESIDENT: _____

ADDRESS: _____

RESIDENT PHONE #: _____

DATES OF TRAVEL: DATE DEPARTING: _____ RETURN DATE: _____

*HOUSE CHECKS WILL BE DISCONTINUED AS OF THE RETURN DATE INDICATED. IF YOU ARRIVE HOME EARLY, PLEASE CONTACT THE MAITLAND POLICE DEPARTMENT AT 407-539-6261 TO CANCEL THE HOUSE CHECK.

EMERGENCY CONTACT: _____ PHONE #: _____

THE UNDERSIGNED RESIDENT JOINTLY AND SEVERELY HEREBY AGREES TO WAIVE ALL LIABILITY, RIGHTS, CLAIMS AND CAUSE OF ACTION AGAINST THE CITY, ITS EMPLOYEES AND REPRESENTATIVES, ITS SUCCESSORS AND ASSIGNS ARISING OUT OF ANY AND ALL HOUSE CHECKS AND ANY EVENT AS A RESULT OF WHICH THEIR PROPERTY IS STOLEN / VANDALIZED/ BURGLARIZED, WHETHER TEMPORARILY OR PERMANENTLY, IN THEIR ABSENCE.

DURING THE PERIOD OF THE HOUSE CHECK, I HEREBY AUTHORIZE THE MAITLAND POLICE DEPARTMENT TO ENTER AND SEARCH ANY PORTION OF THE PROPERTY, TO INCLUDE ANY BUILDING OR STRUCTURE ON THE PROPERTY, IF THE OFFICER HAS REASON TO BELIEVE THAT THE PROPERTY IS UNSECURED OR THE PROPERTY HAS BEEN ILLEGALLY ENTERED. IF ANYONE IS FOUND ON THE PROPERTY WHO IS NOT LISTED ON THIS FORM, THE MAITLAND POLICE DEPARTMENT IS AUTHORIZED TO TRESPASS AND/OR ARREST SAID PERSON FOR ILLEGALLY ENTERING THE PROPERTY WITHOUT MY PERMISSION.

RESIDENT'S SIGNATURE

DATE OF REQUEST

Please check the appropriate box:

ALARM SYSTEM

___ No

___ Yes – Name of Alarm Company _____

AUTOMATIC LIGHTS

___ No

___ Yes – Locations and times _____

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HAVE HOUSE KEYS TO YOUR RESIDENCE BEEN LEFT WITH ANYONE?

___ No

___ Yes – Name/Address/Phone _____

WILL ANYONE BE WORKING AT OR HAVE ACCESS TO PREMISES WHILE YOU ARE GONE?

___ No

___ Yes – Name or Business/Phone #: _____

WILL THERE BE ANY VEHICLES LEFT AT YOUR RESIDENCE?

___ No ___ Yes

Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

IS THERE ANYTHING ELSE THE MAITLAND POLICE DEPARTMENT SHOULD KNOW?

AFTER THIS FORM IS COMPLETED, PLEASE DROP OFF AT THE POLICE DEPARTMENT OR FAX THE SIGNED AND COMPLETED HOUSE CHECK REQUEST FORM TO THE MAITLAND POLICE DEPARTMENT AT (407) 539-2770.

RECEIVING EMPLOYEE: _____

DATE RECEIVED _____

**MAITLAND POLICE DEPARTMENT
1837 FENNEL STREET
MAITLAND, FLORIDA 32751**