

Stonington Police Department 116 E Fourth Street PO Box 290 Stonington, IL 62567 217-325-4221 stoningtonpd@gmail.com

STONINGTON POLICE DEPARTMENT

HOUSE AND BUSINESS CHECK

Resident's Name:			
Resident's Address:			
Resident's Phone:	COL	C	
Leave Date:	_ Approx. Time:	Return Date: _	
Destination and Route:			
Will there be lights on in the	house? Yes No (Circle One)	
If yes, where are lights locate	ed in the house?		
Who is authorized to be at y	our home while you are	away?	
Have house keys been left w If yes, who has keys to your l Name:	home?	(Circle One)	
What vehicles are authorized			
Make:	Make:		
Model: Color:	Model: Color:		
Emergency Contact Name ar	nd Phone:		