

## To Use Stanford University Department of Public Safety Forms

Please print the necessary form, complete all requested information and add any supporting documentation. Return it to Stanford University Department of Public Safety.

It may be returned:

By U.S. Mail to: Stanford University

Department of Public Safety

Records Unit

711 Serra Street

Stanford, CA 94305-7240 (Please allow time for mail delivery)

By Campus ID Mail to: Public Safety

Mail Code 7240

(Please allow time for mail delivery)

By Fax to: 650-725-8485

or By delivery in person: Public Safety Building

Police and Fire Departments

Serra St. at Campus Dr.
(Directly behind the gas station).

If you have any questions call the SUDPS Records Unit at 650-723-9633.



REQUEST RECEIVED BY:

## Stanford Department of Public Safety House Check Form



DATE:

Address: Phone:		Name:  (if available)  Emerg. Contact #:		
Type of Service Requeste		uested: <b>G</b> Home Service <b>G</b> Spot Check		pot Check
		Yes/No Comments		
larmed?				
e yard?				
n the residence? If so e they located? turn on and off?	o, What	Please record location(s) & on/o	off times here:	
paper been stopped?				
een stopped?				
the rear yard be obta	ined?			
Porcon(s) Vis	iting House \	While Posident(s) Au	/2V:	
reisoli(s) vis	itilig House	, ,	ray.	
		· ——— Home Address		
_		Phone Number		
		Day(s)/Times Expected		
G Yes G	No	House Key Issued?	<b>G</b> Yes	<b>G</b> No
1	e yard?  In the residence? If so they located?  Surn on and off?  Daper been stopped?  The rear yard be obtated.  Person(s) Vis	armed?  e yard?  n the residence? If so, What e they located?  curn on and off?  paper been stopped?  een stopped?  the rear yard be obtained?  Person(s) Visiting House	Emerg. Contact # :  Return Date:  Type of Service Requested:  G Home Servi  Yes/No  Armed?  A the residence? If so, What they located?  Furn on and off?  Please record location(s) & onto they located?  Peen stopped?  The rear yard be obtained?  Person(s) Visiting House While Resident(s) Aw  Name  Relationship  Home Address  Phone Number  Day(s)/Times  Expected	Emerg. Contact # :  Return Date:  Type of Service Requested:  G Home Service G S  Yes/No  Comment  armed?  a yard?  a the residence? If so, What they located?  aurn on and off?  paper been stopped?  een stopped?  the rear yard be obtained?  Person(s) Visiting House While Resident(s) Away:  Name  Relationship  Home Address  Phone Number  Day(s)/Times  Expected