## 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 Email:                 | police-records@lists.stanford.edu   |  |  |
|---------------------------|---|--|--|
| By U.S. Mail to:          | Stanford University<br>Department of Public Safety<br>Records Unit 233<br>Bonair Siding Rd.<br>Stanford, CA 94305-7240<br>(Please allow time for mail delivery) |  |  |
| By Campus ID Mail to:     | Public Safety<br>Mail Code 7240<br>(Please allow time for mail delivery)  |  |  |
| By Fax to:                | 650-323-1178  |  |  |
| or By delivery in person: | Public Safety Building<br>Police and Fire Departments<br>233 Bonair Siding Rd.<br>Stanford, CA 94305-7204   |  |  |

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

## **Stanford Department of Public Safety** House Check Form

Address: Name: (if available) Phone: Emerg. Contact # : Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

## Type of Service Requested: \_\_\_\_\_\_\_ Home Service \_\_\_\_\_\_ Spot Check

|   | Yes/No | Comments                                       |
|---|--------|--|
| 1. Is the house alarmed?  |        |  |
| 2. Any pets in the yard?  |        |  |
| <b>3. Any lights on in the residence?</b> If so, What type and where are they located? What time do they turn on and off? |        | Please record location(s) & on/off times here: |
| 4. Has the newspaper been stopped?  |        |  |
| 5. Has the mail been stopped?   |        |  |
| 6. Can access to the rear yard be obtained?   |        |  |

## Person(s) Visiting House While Resident(s) Away:

| Name                     |               |   | Name   |                   |          |  |
|--------------------------|---------------|---|--|-------------------|----------|--|
| Relationship             |               |   | Relationship                                       |                   |          |  |
| Home Address             |               |   | Home Address                                       |                   |          |  |
| Phone Number             |               |   | Phone Number                                       |                   |          |  |
| Day(s)/Times<br>Expected |               |   | Day(s)/Times<br>Expected                           |                   |          |  |
| House Key Issued?        | Yes           | No  | House Key<br>Issued?                               | Yes               | No       |  |
| Special Instruct         | tions: Notes: | (Cars in driveway, bro<br>house sitters, or any a | oken windows, construction, g<br>additional info). | ardeners, house c | leaners, |  |
|                          |               |   |  |                   |          |  |
|                          |               |   |  |                   |          |  |
|                          |               |   |  |                   |          |  |
| <b>REQUEST RE</b>        | ECEIVED BY:   |   | DATE:  |                   |          |  |