



*Prairie City Police Department*  
*Michael E. German, Chief of Police*

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*203 East Jefferson Street  
Prairie City, Iowa 50228  
Phone: (515)994-2649  
Fax: (515)994-2850*

**VACATION HOUSE CHECK**

Please Print. Completed forms can be dropped off at the Prairie City Police Department from 8:00 a.m. to 4:30 p.m. Monday thru Friday.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Who should be called in case of an emergency? \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Description of House (needed in case house numbers are not clearly visible): \_\_\_\_\_

\_\_\_\_\_

Who is authorized to be on the property? Please include their license plate number and vehicle description:

Are you leaving any vehicles in the driveway? (Please describe)

Are you leaving any cars in the garage? (Please describe)



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Do you have any lights on timers?  Yes  No      If so, which lights?

Do you leave any lights on all the time?  Yes  No      If so, which lights?

Do you have any outside lights that will be left on?  Yes  No

If so, please note the number and location: \_\_\_\_\_

Do you have any motion activated lights?  Yes  No      If so, which lights: \_\_\_\_\_

Are you leaving any pets at home?  Yes  No

If so, please note type of pet and where they will be located: \_\_\_\_\_

Does the house have an alarm system?  Yes  No

If so, what company is the alarm with and who receives notification of alarms? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Your Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

*The Prairie City Police Department is happy to provide you with this service in order to give you more peace of mind in your travels. We will check your residence at least once per day while you are away.*

*By providing this service, the Prairie City Police Department cannot make any guarantees that all criminal acts will be prevented.*