



Residence Check Request

This form is provided for residence of Smithville, MO to request the Smithville Police Department to conduct periodic checks of your home while you are away for an extended period.

Your name: _____ Phone number: _____

Your address: _____

Departure date: _____ Return date: _____

Emergency contact: _____ Phone number: _____

Emergency contact: _____ Phone number: _____

Do you have an alarm system? ☐ Yes ☐ No

If yes, what company: _____ Phone number: _____

Alarm type(motion, glass break, intrusion, panic, etc): _____

Key/Code holder: _____ Phone number: _____

Have you stopped your mail? ☐ Yes ☐ No Have you stopped the newspaper? ☐ Yes ☐ No

Will you be leaving any lights on for security purposes? ☐ Yes ☐ No

If yes, which one(s) ? _____

Will there be pets left in the house? ☐ Yes ☐ No

If yes, pet information: _____

Will there be any vehicles parked in your driveway? ☐ Yes ☐ No

If yes, vehicle information: _____

(make, model, color, year, license)

Additional vehicle information: _____

Will anyone have access to the house? ☐ Yes ☐ No If yes, name: _____

Phone number: _____ Vehicle description: _____

Additional information: _____

**Please fill this out and return (mail, email, fax, or drop off) to
the Smithville Police Department
107 W Main St
Smithville, MO 64089**

Email: police@smithvillemo.org

Fax: 816-873-3364