



WAKEMAN POLICE DEPARTMENT

59 Hyde Street

Wakeman, Ohio 44889

Office: 440-839-2511 Fax: 440-399-1441

E-mail: kpettus@wakemanpd.com

"Keeping Wakeman a Safe Community"

Pablo Cruz

Chief Of Police

Vacation House Check Request Form

Request Date: _____

Start Date: _____

End Date: _____

Homeowner Information

Name: _____

Address of Home: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Address: _____

Home Status & Instructions

Will anyone have access to the home while you are away?

☐ Yes ☐ No

If yes, list names, relationship, and vehicle info:

Are there any pets on the property?

☐ Yes ☐ No

If yes, describe: _____

Alarm System:

☐ Yes ☐ No

Alarm Company: _____

Alarm Code (optional): _____

Vehicles left on property:

1. _____

2. _____

3. _____

Lights left on timers?

☐ Yes ☐ No

Location of lights/timers: _____

Other special instructions or concerns:

Patrol Check Request

The Wakeman Police Department will make reasonable efforts to check the listed property during routine patrols. This service is not a guarantee and does not replace normal home security measures.



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☐ I acknowledge and understand the above statement.

Signature of Homeowner: _____

Date: _____

For Department Use Only

Received By (Name/Badge): _____

Date Entered: _____

Entered By: _____

Checks Performed:

☐ Exterior secure ☐ No signs of forced entry

☐ No suspicious activity ☐ Other: _____

Officer Initials / Date: _____

Notes: _____