



CITY OF GLYNDON POLICE DEPARTMENT

218 Parke Ave S, Glyndon, MN 56547
Ph: 218-498-2727 | Fax: 218-498-2791

Residential Check Request Form

Name: _____

Address: _____

Phone: _____

Who holds a key to your home? _____

 Their Address: _____

 Phone: _____

Will there be someone checking on your home during the time you are absent? Yes No

If yes, please provide name, address, and phone number for this person or persons:

Did you stop service for your newspaper? Yes No

Did you stop service for your mail? Yes No

Are there going to be any lights on in the house? Yes No

 If yes, where? _____

 Are these lights on automatic timers? Yes No

 If yes, when do they turn on and off? _____

Are there going to be any vehicles parked in the driveway? Yes No

 If yes, how many and provide descriptions: _____

Whom can we contact in case of an emergency involving your home?

Name: _____

Phone: _____

When are you leaving? _____

When are you returning? _____

Will someone be mowing the lawn or blowing the snow? Yes No

If yes, please provide name: _____

Phone: _____