## 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: publicsafety@lists.stanford.edu

By U.S. Mail to: Stanford University

Department of Public Safety

233 Bonair Siding Rd. Stanford, CA 94305-7240 (Please allow time for mail delivery)

By Campus ID Mail to: Public Safety

Mail Code 7240

(Please allow time for mail delivery)

By Fax to: 650-323-1178

or By delivery in person: Public Safety Building

Police and Fire Departments
233 Bonair Siding Rd.
Stanford, CA 94305-7204

If you have any questions call SUDPS at 650-723-9633.

## Stanford Department of Public Safety House Check Form

| Address:   |   |                       | Name:  |                 |  |
|--|---|-----------------------|--|-----------------|--|
| Phone:   |   | Em                    | (if available) Emerg. Contact #:               |                 |  |
| Departure Date:  |   |                       | Return Date:                                   |                 |  |
| •  | Type of Service Requested                           | quested: Home         |  | Spot Check      |  |
|  |   | Yes/No                | Comn   | nents           |  |
| 1. Is the house alarmed?   |   |                       |  |                 |  |
| 2. Any pets in th  | e yard?   |                       |  |                 |  |
| 3. Any lights on in the residence? 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 news  | paper been stopped?                                 |                       |  |                 |  |
| 5. Has the mail b  | peen stopped?                                       |                       |  |                 |  |
| 6. Can access to the rear yard be obtained?  |   |                       |  |                 |  |
|  | Person(s) Visiting Ho                               | use Whi               | e Resident(s) Away:                            |                 |  |
| Name _   |   |                       | Name   |                 |  |
| Relationship _   |   | Relationship          |  |                 |  |
| Home Address _   |   | Home Address          |  |                 |  |
| Phone Number _   |   | Phone Number          |  |                 |  |
| Day(s)/Times<br>Expected   |   | Day(s)/Times Expected |  |                 |  |
| House Key Issued?  | Yes No  |                       | House Key Issued?                              | /es No          |  |
| Special Instruction  | ons: Notes: (Cars in driveway, house sitters, or ar |                       | dows, construction, gardeners,<br>I info).     | house cleaners, |  |
|  |   |                       |  |                 |  |
|  |   |                       |  |                 |  |
|  |   |                       |  |                 |  |
| REQUEST RECEIVED BY:   |   |                       | DATE:  |                 |  |