



# EVANSVILLE POLICE DEPARTMENT

10 West Church Street, PO Box 529

Evansville, WI 53536

Non-Emergency (608) 757-2244

Admin (608)882-2299 FAX (608)882-2295

## REQUEST FOR SECURITY CHECK

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_ RETURN DATE \_\_\_\_\_

DESTINATION ADDRESS \_\_\_\_\_

PHONE # WHERE YOU CAN BE REACHED WHILE AWAY \_\_\_\_\_

TYPE OF PREMISES: RESIDENCE \_\_\_\_\_ BUSINESS \_\_\_\_\_ OTHER \_\_\_\_\_

HAVE KEYS BEEN LEFT WITH ANYONE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHO? NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

HAS MAIL AND/OR PAPER SERVICE BEEN STOPPED? YES \_\_\_\_\_ NO \_\_\_\_\_

IN CASE OF AN EMERGENCY, WHO SHOULD WE CONTACT?

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

ARE THERE LIGHTS ON TIMERS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, APPROXIMATE TIMES LIGHTS WILL BE ON AND LOCATION OF LIGHTS (KITCHEN, ETC.)

\_\_\_\_\_  
\_\_\_\_\_

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO NOTIFY THE EVANSVILLE POLICE DEPARTMENT WHEN I RETURN.

SIGNATURE \_\_\_\_\_