

CEDARBURG POLICE DEPARTMENT

CEDARBURG, WI. 53012

262-375-7620

NO. _____

HOME SECURITY REQUEST

NAME _____ ADDRESS _____

REQUEST MADE BY _____ PHONE NO. _____

PROTECTED BY ALARM SYSTEM: YES NO IF YES, WHAT TYPE _____ + _____

LIGHTS ON: YES NO CONSTANT: YES NO AUTOMATIC: YES NO TIME ON _____

DO YOU HAVE ANY WEAPONS IN YOUR HOME: YES NO IF YES, ENTER BELOW

WEAPONS:

TYPE _____ MAKE _____ MODEL _____ SERIAL # _____

TYPE _____ MAKE _____ MODEL _____ SERIAL # _____

TYPE _____ MAKE _____ MODEL _____ SERIAL # _____

TYPE _____ MAKE _____ MODEL _____ SERIAL # _____

WILL THERE BE ANY PETS AT HOME: YES NO IF YES, WHAT TYPE _____

WILL KEYS BE LEFT WITH ANYONE: YES NO IF YES, ENTER BELOW

NAME _____ ADDRESS _____ CITY _____ PHONE _____

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IN CASE OF AN EMERGENCY, DO YOU WISH TO BE CONTACTED BY COLLECT CALL: YES NO

IF YES, C/O NAME _____ PHONE _____

ADDRESS _____ CITY _____

I REQUEST THAT A (CIRCLE ONE) VISUAL HAND CHECK BE MADE OF MY

RESIDENCE FROM: DATE: _____ TIME: _____ TO DATE: _____ TIME: _____

SIGNATURE _____ DATE: _____

LIST ANY VEHICLES THAT WILL BE LEFT IN DRIVEWAY AT RESIDENCE AND ANYONE WHO WILL BE STOPPING BY.