

# 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 # \_\_\_\_\_

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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 \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

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.