

# Ashwaubenon Public Safety Department

## Residential Security Check Request

Name: \_\_\_\_\_ Date Leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### 1. Security

Doors and windows secured: Y N Alarm System in home Y N

Appliances turned off/disconnected Y N \_\_\_\_\_

Lights left on/timers Y N \_\_\_\_\_

Deliveries cancelled – Mail, paper, etc. Y N \_\_\_\_\_

### 2. Person To Call In An Emergency That Has Keys

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### 3. Persons Allowed In Residence

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### 4. Vehicles Left At Residence In Garage/Driveway

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ Plate No. \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ Plate No. \_\_\_\_\_

Will Neighbor Call Police If Anything Is Wrong: Y N

**NOTE: Please fill out this form completely. Return the completed form to The Ashwaubenon Public Safety Department at 2155 Holmgren Way, Ashwaubenon, WI 54304 or fax this form to (920) 492-2986.**