SHOREWOOD HILLS POLICE DEPARTMENT
SECURITY CHECK REPORT:

NAME: _____

ADDRESS: _____

PHONE: _____

LEAVING: _____ **RETURNING:** _____

REASON FOR REQUEST: _____

ALARM SYSTEM: YES NO **ALARM COMPANY/PHONE:** _____

LIGHTS LEFT ON: YES NO **TIMER:** YES NO **WHERE?** _____

KEYHOLDER INFORMATION: _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY: _____

ADDRESS: _____ **PHONE:** _____

☐ **I HEREBY AUTHORIZE THE VILLAGE OF SHOREWOOD HILLS, AND ANY OFFICER OR EMPLOYEE OF THE VILLAGE, TO ENTER MY HOME.**

SIGNED: _____ **DATE:** _____

Return to the Shorewood Hills Police Department or FAX to (608)267-1155.

FOR OFFICE USE ONLY OFFICERS SECURITY CHECK REPORT:			
DATE:	**TIME:**	**STATE IF PREMISE WAS SECURE OR ANY DISCREPENCIES NOTICED:**	**OFFICER:**

Rev. 8/2013

Print Form

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