

CEDARBURG POLICE DEPARTMENT

262-375-7620

HOME SECURITY REQUEST

PASSWORD: _____

NO. _____

CHALLENGE QUESTION: _____

(If you need hint to recall password)

NAME _____ ADDRESS _____

REQUEST MADE BY _____ PHONE NO. _____

ALARM SYSTEM: YES NO ALARM COMPANY: _____

LIGHTS: CONSTANT (Location) _____

TIMED (Location and times on/off): _____

DO YOU HAVE ANY WEAPONS IN YOUR HOME: YES NO IF YES, PLEASE INDICATE
TYPE(S) ON BACK SIDE OF PAGE

IF PETS ARE LEFT HOME, INDICATE TYPE:

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

NAME _____ ADDRESS _____ CITY _____ PHONE _____

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NAME _____ ADDRESS _____ CITY _____ PHONE _____

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

IF YES, PLEASE PROVIDE CONTACT INFORMATION (NAME AND PHONE NUMBER):

NAME: _____ PHONE NUMBER: _____

I REQUEST A: VISUAL CHECK OR HAND CHECK (PLEASE CIRCLE ONE)

BEGIN DATE: _____ TIME LEAVING: _____

END DATE: _____ TIME HOME: _____

SIGNATURE _____ DATE: _____

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

WEAPON(S) INFORMATION:

TYPE _____ MAKE _____ MODEL _____ SERIAL # _____

TYPE _____ MAKE _____ MODEL _____ SERIAL # _____

TYPE _____ MAKE _____ MODEL _____ SERIAL # _____

TYPE _____ MAKE _____ MODEL _____ SERIAL # _____

IF YOU HAVE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE,
PLEASE NOTE IT BELOW:

Police Department Use:

Cancel Date (if cancelled early): _____ **Initials:** _____