

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.