

CITY OF ELKHORN
SECURITY CHECK LIST

For Office Use
Incident # _____
Neighborhood _____

Date Reported:

LOCATION INFORMATION

Address:

Name:

Cell Phone:

Email Address:

Start Date:

End Date:

Type of Check:

Spotlight

Physical

Drive-by

Reason:

Vacation

Other

(explain):

Type of Premise:

Residence

Business

Other (explain) :

Have keys been left with anyone:

YES

NO

(if yes, please list below)

Name:

Home Phone:

Address:

Cell Phone:

Will anyone be working on or have access to the property during your absence? YES

NO (if yes, please list below)

Name:

Home Phone:

Address:

Cell Phone:

In case of emergency, do you wish to be notified by phone: YES

NO

Phone #

VEHICLES LEFT ON PROPERTY

Year:

Make:

Model:

Color:

Plate #

Year:

Make:

Model:

Color:

Plate #

ALARMS

Burglar Alarm: YES

NO

Alarm Company and Telephone Number:

ADDITIONAL INFORMATION

Mail Stopped?

YES

NO

Newspaper Stopped?

YES

NO

Broken Windows/Screens?

YES

NO

Where?

Pets in Yard?

YES

NO

What Type and How Many

Lights Left On?

YES

NO

Where?

Lights On Timer?

YES

NO

Time they go on and off.

** I understand that security checks will be performed by officers as time permits. The signature on this form releases the City of Elkhorn Police Department of all liability for loss of property or damage occurring during this time period. Checking the premises is not to be construed as a guarantee that crime will not occur on the premises. **You are required to notify the Elkhorn Police Department if you return to the premises prior to the date listed above.**

Signature

Date

Mail or drop off form to: Elkhorn Police Department, P. O. Box 920, Elkhorn, WI 53121 ATTN: Secretary Boeger
For security checks, form should be received 48 hours prior to departure.