McFarland Police Department
Residential Security Check Request Form

Location Information		
Requestor's Name	Requested Address	
Date Departing	Date Returning	Phone #

While I'm away, I can be contacted at:			
Phone # 1	Phone # 2	Phone # 3	Phone # 4
If unable to reach you, contact**:**			

While I'm away, expect to see:			
	Persons / Vehicles (If yours, type "ours" and description)		
1.	Name	Address	Phone #
	Vehicle Desc.	Time(s)	Date(s)
2.	Name	Address	Phone #
	Vehicle Desc.	Time(s)	Date(s)
3.	Name	Address	Phone #
	Vehicle Desc.	Time(s)	Date(s)
4.	Name	Address	Phone #
	Vehicle Desc.	Time(s)	Date(s)
	Other		
Lighting / Timers? ☐ Yes ☐ No	Where/when:		
Drapes / windows / doors open? ☐ Yes ☐ No	Describe:		
Pets left at residence? ☐ Yes ☐ No	Describe:		
Repair/Service Person? ☐ Yes ☐ No	Describe:		
Mail / Newspaper service stopped? ☐ Yes ☐ No	Comments:		
Special Notes:			

Signature:	
Signature of Requestor	**Date**

After filling out form, save it to your computer and email it to Administrative Assistant Melissa Lavin at melissa.lavin@mcfarland.wi.us.