

**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)

	Name	Address	Phone #
1.	Vehicle Desc.	Time(s)	Date(s)
	Name	Address	Phone #
2.	Vehicle Desc.	Time(s)	Date(s)
	Name	Address	Phone #
3.	Vehicle Desc.	Time(s)	Date(s)
	Name	Address	Phone #
4.	Vehicle Desc.	Time(s)	Date(s)
	Name	Address	Phone #

Other

Lighting / Timers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where/when:
Drapes / windows / doors open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Pets left at residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Repair/Service Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Mail / Newspaper service stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Special Notes:	

Signature:

<p>_____</p> <p>Signature of Requestor</p>	<p>_____</p> <p>Date</p>
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After filling out form, save it to your computer and email it to Administrative Assistant Tricia Reimer at tricia.reimer@mcfarland.wi.us.