

CITY OF JUNEAU POLICE DEPARTMENT

Residential Vacation/Security Check Form

Click the left button on your mouse
for the Yes/No questions
Use the "Tab" key on your keyboard
to advance to each field

Name: _____

Departure Date: _____

Address: _____

Return Date: _____

Home Phone: _____

Cell Phone: _____

Destination: _____

Lights: On Off

Automatic: Yes No

Location of lights: _____

Location of doors that may be left unlocked: _____

Security System: No Yes

If Yes, Company Name: _____

Phone Number: _____

Security Cameras: No Yes If Yes, are they: Inside Outside

Persons who may be at the residence or working at the residence:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

In case of Emergency call:

Name: _____

Phone: _____

Name: _____

Phone: _____

I request a visual check: _____

I request a physical check: _____

I request that a security check be made of my property/buildings. I understand that this security check service in no way guarantees that my property will be safe from vandalism or burglary but merely provides the police department with information of my whereabouts and other pertinent facts if a crime should occur. I agree to notify the Juneau Police Department upon my return at 920-386-4810.

Signature

Date

YOU HAVE TWO OPTIONS TO SUBMIT THIS FORM:

- 1) PRINT THE FORM AND MAIL OR DROP IT OFF AT THE JUNEAU POLICE DEPARTMENT LOCATED AT 128 E CROSS STREET, P. O. BOX 85, JUNEAU WI 53039 or;
- 2) EMAIL THIS FORM BY PRESSING THE "SUBMIT FORM" BUTTON.