



WEST SALEM POLICE DEPARTMENT

175 S. LEONARD ST. WEST SALEM, WI 54669

(608) 786-0407 FAX: (608) 786-3359

REQUEST FOR SECURITY CHECK

Name: _____
Please print legibly - First, Middle Initial, Last Name

Address: _____
Street City Zip Code

Phone #: _____ Mobile Phone #: _____

Departure Date: _____ Return Date: _____

Type of Premises: (circle one) Residence Business other

Destination where we may reach you if an emergency: _____

Have keys been left with anyone? Yes No

If yes, Name: _____ Address _____

Phone #: _____ Mobile #: _____

Have all doors and windows been secured? Yes No

Do you have a security light that is timed to light up as darkness approaches each evening and shuts off at dawn? Yes No

Will anyone be working about or have access to the premise during your absence?

Yes No

If yes, Name: _____ Phone: _____

I request a security check be made of my premises and agree to notify your department upon my return.

Signature: _____ Date: _____

Please mail, fax or drop off at:
West Salem Police Department
175 S. Leonard St.
West Salem, WI 54669
608-786-0407
Fax: 608-786-3359