



Where Friends Are Like Family

Janesville Police Dept. Home Security Check

Information

Last

First

Address

Leaving Date

Returning Date

Any Key holders

Associated Phone #'s

Will anyone be going in the house? Yes _____ No _____

Name of person

Phone

Do you have timers on lights? Yes _____ No _____

Time on _____ Time off _____

Will you keep any lights on? Yes _____ No _____

What lights _____

Number you may be reached at in case of emergency _____

Prepared By

Office Use Only

Name

Title

Signature

Date
