Muscoda Police Department Security Check Report

Address ________________________________ **Name** ____

Type of Premises Business Residence
circle one

Alarm Yes No
circle one

Lights On Yes No
circle one

Constant Automatic
circle one

Keys Left With: 1. Name ________________________________ Phone ___________________________

2. Name ________________________________ Phone ___________________________

What is your phone number while gone? Phone ______________________________

Security check dates requested from ______________________ **to** ________________________

Signature ____ **Date of request** _________________________

Date	Time	Notes	Officer