

**WENDELL POLICE DEPARTMENT
SECURITY CHECK REPORT**

ADDRESS: _____ NAME: _____

PHONES: HOME: _____ CELLULAR: _____ PAGER: _____

ALARM SYSTEM: YES ___ NO: ___ ALARM CO. PHONE : _____

LIGHTS ON: LIVING ROOM ___ BEDROOM ___ KITCHEN ___ PORCH ___
OTHER: _____

PERSONS HAVING ACCESS TO PREMISES: _____ PH: _____

IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED: _____
PHONE NUMBER: _____

CHILDREN STAYING AT THE RESIDENCE: _____

ANIMALS ON PREMISES: _____

VEHICLES ON PREMISES: _____

PATROL DATES (2 WEEK MAXIMUM) FROM : _____ TO : _____

REPORT TAKEN BY: _____ DATE TAKEN: _____

- **NOTE:** I, _____, DO HEREBY RELEASE THE TOWN OF WENDELL POLICE DEPARTMENT FROM ALL LIABILITY AND RESPONSIBILITY FOR ANY DAMAGE OR THEFT FROM RESIDENCE OR CURTILAGE OF RESIDENCE THAT OCCURS DURING THE ABOVE SPECIFIED TIME PERIOD. THE POLICE DEPARTMENT WILL MAKE A REASONABLE EFFORT TO CHECK THE PROPERTY DURING THE ABOVE TIME PERIOD. HOWEVER, THE POLICE DEPARTMENT DOES NOT MAKE ANY GUARANTEE OR PROMISES THAT THE PROPERTY WILL BE CHECKED ON A DAILY BASIS. BY SIGNING MY NAME BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.

SIGNATURE: _____ DATE: _____

TELECOMMUNICATOR : _____ DATE: _____

NOTE : SECURITY CHECK ALLOWED FOR MAXIMUM OF TWO WEEKS,
UNLESS APPROVED BY A SUPERVISOR.

SUPERVISOR : _____ DATE : _____