PRINT RESET FORM

WATERVILLE POLICE DEPARTMENT
HOME SECURITY CHECK REQUEST

CARD NUMBER: _____

OWNER INFORMATION

Name: _____ Address: _____ Phone: _____

☐ Emergency Notification by Collect Call: Name: _____ Phone Number: _____

DATE & TYPE

Leaving: _____ Returning: _____ Type: ☐ Vacation ☐ Vacant ☐ Extra Eye ☐ Other _____

ACCESS

Key Holder: ☐ Yes ☐ No Name: _____ Phone: _____

Other: ☐ Yes ☐ No Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

BUILDING INFORMATION

☐ Night Light ☐ Timer ON _____ OFF _____ Location: _____

ON _____ OFF _____ Location: _____

☐ Animals on Premises: ☐ Dog ☐ Cat ☐ Other _____ Location: _____

☐ Vehicles in drive: _____ ☐ Vehicle in garage: _____

I Request A Home Security Check Be Made, And Agree To Notify The Waterville Police Department Upon My Return

Signature: _____ Date: _____

DATE	TIME	OFFICER	DATE	TIME	OFFICER	DATE	TIME	OFFICER	DATE	TIME	OFFICER	DATE	TIME	OFFICER

TOTAL: _____