

CITY OF ELKHORN  
SECURITY CHECK LIST

**For Office Use**

Incident # \_\_\_\_\_

Neighborhood \_\_\_\_\_

Date Reported: \_\_\_\_\_

**LOCATION INFORMATION**

Address: \_\_\_\_\_ Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Type of Check: Spotlight  Physical  Drive-by

Reason: Vacation  Other  (explain): \_\_\_\_\_

Type of Premise: Residence  Business  Other  (explain) : \_\_\_\_\_

Have keys been left with anyone: YES  NO  (if yes, please list below)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Will anyone be working on or have access to the property during your absence? YES  NO  ( if yes, please list below)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency, do you wish to be notified by phone: YES  NO  Phone # \_\_\_\_\_

**VEHICLES LEFT ON PROPERTY**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate # \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate # \_\_\_\_\_

**ALARMS**

Burglar Alarm: YES  NO  Alarm Company and Telephone Number: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Mail Stopped? YES  NO

Newspaper Stopped? YES  NO

Broken Windows/Screens? YES  NO

Pets in Yard? YES  NO

Lights Left On? YES  NO

Lights On Timer? YES  NO

Where? \_\_\_\_\_

What Type and How Many \_\_\_\_\_

Where? \_\_\_\_\_

Time they go on and off. \_\_\_\_\_

\*\* I understand that security checks will be performed by officers as time permits. The signature on this form releases the City of Elkhorn Police Department of all liability for loss of property or damage occurring during this time period. Checking the premises is not to be construed as a guarantee that crime will not occur on the premises. **You are required to notify the Elkhorn Police Department if you return to the premises prior to the date listed above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail or drop off form to: Elkhorn Police Department, P. O. Box 920, Elkhorn, WI 53121 ATTN: Secretary Boeger  
For security checks, form should be received 48 hours prior to departure.