SHILOH POLICE DEPARTMENT

RESIDENTIAL SECURITY CHECK

Name:									
ivaille:									
Address:									
Departure Dat	e:			Ret	urn Date:				
Alarm System?			Lights left on	?		Lights	on timer?		
Notes about lights left on:									
Keys to residence / alarm code left with who?									
Others who you want contacted in case of emergency:									
Any special comments or special instructions?									
Distributing C	Officer:					Date:			