

**HOBART/LAWRENCE POLICE DEPARTMENT  
RESIDENTIAL SECURITY CHECK REQUEST**

NAME \_\_\_\_\_ DATE LEAVING \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE RETURNING \_\_\_\_\_  
PHONE \_\_\_\_\_

**1. SECURITY**

Doors and Windows Secured      Y/N              Alarm System in Home      Y/N  
Appliances Turned Off/Disconnected      Y/N \_\_\_\_\_  
Lights Left On/Timers \_\_\_\_\_  
Deliveries Cancelled – Mail, Paper, Etc. \_\_\_\_\_  
\_\_\_\_\_

**2. PERSON TO CALL IN AN EMERGENCY THAT HAS KEYS**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

**3. PERSONS ALLOWED IN RESIDENCE**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

**4. VEHICLES LEFT AT RESIDENCE IN GARAGE/DRIVEWAY**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE # \_\_\_\_\_  
YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE # \_\_\_\_\_

WILL NEIGHBOR CALL POLICE IF ANYTHING IS WRONG?              Y/N