City of Lake Geneva
POLICE DEPARTMENT

Chief Michael Rasmussen
Assistant Chief Michael Reuss
626 Geneva Street
Lake Geneva, Wisconsin 53147
Phone: (262) 248-4455 Fax: (262) 248-4809

REQUEST FOR SECURITY CHECK

LGPD # _____

Address _____

Name _____ **Phone # while gone** _____

Type of premises: _____ **Residence** _____ **Business** _____ **Other**

Have keys been left with anyone? _____ **Yes** _____ **No**

If yes, Name _____ **Address** _____ **Phone** _____

Will lights be on timers? _____ **Yes** _____ **No**

License plate number(s) of any vehicle(s) that will be parked in the driveway:

_____

Name(s) of anyone that will be working on or have access to premises during your absence:

_____

I request a security check be made of my premises and agree to notify the Lake Geneva Police Department of my return.

Signature _____ **Date of Request** _____

OFFICER SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE	OFC INITIALS