



Wiggins Police Department
REQUEST FOR SECURITY CHECK

304 Central Avenue, Wiggins, CO 80654

Phone: (970) 483-6161

email completed forms to craig.miller@wigginsco.com

NAME:			
ADDRESS:			
PHONE (CELL):		PHONE #2:	
PREMISE TYPE:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____		
DEPARTURE DATE:		RETURN DATE	
DESTINATION:			
HAVE KEYS BEEN LEFT WITH ANYONE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, PROVIDE:	NAME:		
	ADDRESS:		
	PHONE:		
WILL ANYONE BE AROUND PREMISES DURING YOUR ABSENCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, NAMES:			
ANY VEHICLES IN DRIVEWAY OR GARAGE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, MAKE & MODEL OF VEHICLES:			
ANY DOGS IN THE YARD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY?	
WHAT BREED/COLOR OF DOGS?			
ARE THE DOGS REGISTERED WITH THE TOWN?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ANY LIGHTS LEFT ON?			
IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I request a security check be made of my premises and agree to notify you of my return.

Signature

Date