



City of Wauseon

DIVISION OF POLICE

KEVIN D. CHITTENDEN, CHIEF OF POLICE

SECURITY CHECK REPORT

Name _____ Address _____

Phone _____ Date of Departure _____ Return Date _____

Keyholder _____ Phone _____

Vehicles on Property – Make _____ Color _____ Year _____ Registration # _____

Lights Left on – Room _____ Timed or Permanent? _____

In Case of Emergency do you wish to be notified? _____ Phone _____

Misc. Info _____

I will notify the Wauseon Police Department upon my return.

Signature of person making request _____ Date _____

Date _____ Time _____ Secured (if not, action taken?) _____ Unit # _____

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