

RUSSIAVILLE POLICE DEPARTMENT  
SECURITY CHECK

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Date of Departure \_\_\_\_\_ Return Date \_\_\_\_\_

In Case of Emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Does this person have a key? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any other authorized persons to be at residence during your absence

\_\_\_\_\_  
\_\_\_\_\_

Vehicles that will be or could be on your property during your absence, including authorized persons

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any lights left on, lights on timers, etc.

\_\_\_\_\_

**Return this form to the Clerk-Treasurer at the Town Hall, 250 N. Union St.**

(put in the payment drop slot if no one is in the office)

Thank you,  
Russiaville Town Marshal