



Town of Seven Devils Police Department
Security Information Form
(Please Print)

Date: _____

Name: _____ Address: (Local) _____

Address: (Permanent) _____

Phone: (Cell) _____ Phone: (Cell) _____

Phone: (Local) _____ Phone: (Permanent) _____

Previous Owner: _____ Email Address: _____

Is your Residence protected by an alarm system? YES _____ NO _____

Does your Residence have security lights? YES _____ NO _____

Vehicle (Model/Make/Color) _____ Tag _____

Vehicle (Model/Make/Color) _____ Tag _____

State the Name, Address, and Phone Number of your Caretaker, Property Manager, or the Party who has keys to your Residence while you are away:

Name: _____ Address: _____ Phone: _____

IN CASE OF AN EMERGENCY in the event we cannot make contact with you), State the Name, Address, and Phone Number of the party you wish to be notified if different from yourself:

Name: _____ Address: _____ Phone: _____

Other persons that will have access to premises (Property Manager, Relatives, Workers, Neighbors, Employees, Guests): _____

Any Special Instructions or Requests? _____

In order that we may better protect your residence and property, it is very important that you notify us upon your departure or return. Also, please let us know.

1. Whenever your relatives or friends may be using your residence during your absence.
2. If you will be renting your home.

Thank you for your time and cooperation in completing this form. It will greatly enhance our ability to protect your residence and property while you are away.

Seven Devils Police Department

C. Edward Davis, Chief