

# VILLAGE OF BROWNSVILLE POLICE DEPARTMENT

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## Residential Security Check

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Person(s) who may be at the residence: \_\_\_\_\_

I request a physical check: YES or NO or a visual check: YES or NO

*\*\*\*I request a security check to be made of the above-mentioned address, by the Brownsville Police Department. I understand that this security check does not guarantee that the above-mentioned address will be safeguarded from vandalism, burglary, etc. I understand that this form only provides the Brownsville Police Department with pertinent information if a crime does occur.\*\*\**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email at [marshal@brownsvillewi.gov](mailto:marshal@brownsvillewi.gov)