



Village of Swanton Police Department

219 Chestnut Street Swanton, Ohio 43558

(419) 825-5263 Fax: (419) 825-1827

Email: spd@powersupply.net

Request for Security Check

Type of Premises: Residence Business Other

Departure Date: _____ Return Date: _____

Name: _____

Address: _____ Telephone Number: _____

License number of any vehicle(s) left in driveway: _____

Alarm System: Yes No

If yes, Alarm Company name: _____ Telephone number: _____

Emergency contact # 1: _____

Address: _____ Telephone Number: _____

Emergency contact # 2: _____

Address: _____ Telephone Number: _____

Will anyone have access to the property in your absence: Yes No

If Yes, Name: _____ Address: _____

Vehicle: _____ License Number: _____

Name: _____ Address: _____

Vehicle: _____ License Number: _____

If I return early from my trip I will notify the police department of my return.

This form must be dropped off at the police department in person Monday - Friday (8:30-4:30).

Signature: _____ Date: _____