Chenequa Police Department

RESIDENTIAL SECURITY INFORMATION

CONFIDENTIAL

Date: _____

Is this a rental property: ☐ Yes ☐ No Is this your Primary Residence ☐ Yes or ☐ No

Residential Information for: _____

Address: _____

☐ Primary or ☐ Secondary Residence where you can be reached:

Address _____

Phone #s _____

Phone Numbers _____ or _____

Cell Phone numbers _____ or _____

Email address(es): _____

Knox Box? ☐ Yes ☐ No If so, where located: _____

Security System ☐ Yes ☐ No ☐ Police ☐ Fire

Company Name _____

Phone Number _____

Alarm Codes (optional): Arm _____ Disarm _____

Keyholders to Residence: Friends, relatives, or neighbors who may be of assistance to Law Enforcement in the event of an emergency.

1) Name _____

Address _____

Phone # _____ or _____

Chenequa Police Department

2) Name_____

Address_____

Phone #_____ or _____

3) Name_____

Address_____

Phone #_____ or _____

Place of Employment:_____ Position:_____

Work Phone #s_____ or _____

Cell Phone #s_____

Email Addresses_____

Any additional information that may be helpful and of assistance in case of emergency:

_____

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