

WOODWAY PUBLIC SAFETY DEPARTMENT SECURITY CHECK			DISTRICT		SECURITY CHECK NUMBER	
NAME		ADDRESS			PHONE	
NAME		ADDRESS		PHONE NUMBERS		KEY
NAME		ADDRESS		PHONE NUMBERS		KEY
VEHICLE MAKE	MODEL	COLOR	LIC	LIS	LOCATION	
START: _____ END: _____ ADDITIONAL INFORMATION: _____						
DATE/TIME RECEIVED: _____			RECEIVED BY: _____			
DATE/TIME CANCELED: _____			CANCELED BY: _____			
WPSD FORM 59 06/01			WOODWAY PUBLIC SAFETY DEPARTMENT			

Please fill out the following information for your security check.

1. Your name, address and a phone number
2. Emergency contact person's name, address phone number  
Will they have a **key** to the house?
3. 2<sup>nd</sup> Emergency contact person's name, address, phone number  
Will they have a **key** to the house?
4. Vehicle information, Make, Model, Color, vehicle parked in garage, driveway, street  
List any vehicles that will be allowed at the house while you are gone; petsitter, neighbor, etc
5. Date you will be leaving
6. Date you will be returning
7. Any additional information we would need to know as pets inside/outside, motion lights, timers lights. People that are allowed at the house who may be picking mail, or house sitting, lawn or pool service, etc.

**\*We will send an email to you that we have received your security check information WITHIN 24 HOURS. However if you have NOT received the confirmation, please contact our department at 254-772-4470.**