Village of Yorkville Police Department

Residential Security Check Sheet

Address: _____

Owner Name: _____

Contact Number: _____

Dates Away: _____

Vehicles left in driveway: _____

Reason for Leaving: _____

Caretaker Name: _____

Caretaker No.: _____

Caretaker Address: _____

Caretaker Vehicle: _____

Security Info: _____

Other Notable info: _____