

# LIBERTY POLICE DEPARTMENT

## Security Check Form



**Date**

---

**Business Name**

---

**Address**

---

**State/Province**

---

**Zip/Postal Code**

---

**Alarm Company**

---

**Emergency Contact**

---

**Numbers**

---

**Comments:**

Complete the information requested and submit it by:  
Email: [reports@libertytwp.com](mailto:reports@libertytwp.com), dropping off at the  
Police Station, or by fax (330) 759-8477