REQUEST FOR SECURITY CHECK

ADDRESS:_____ NAME:_____ PHONE:_____

DEPARTURE DATE:_____ RETURN DATE:_____

PROBABLE ROUTE OF TRIP:_____

TYPE OF PREMISES: RESIDENCE ( ) BUSINESS ( ) OTHER ( )_____

HAVE KEYS BEEN LEFT WITH ANYONE? YES ( ) NO ( )

IF YES, NAME: _____ ADDRESS _____

PHONE_____

WILL ANYONE BE AROUND THE PREMISES DURING YOUR ABSENCE? YES ( ) NO ( )

IF YES, NAMES: _____

_____

WILL THERE BE ANY VEHICLES IN DRIVEWAY OR GARAGE?_____
WILL THERE BE ANY DOGS IN THE YARD?_____
WILL THERE BE ANY LIGHTS LEFT ON OR ON TIMER?_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES ( ) NO ( )

C/O NAME:_____ ADDRESS:_____
PHONE: _____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND WILL NOTIFY YOU UPON MY RETURN.

SIGNED_____ DATE OF REQUEST:_____

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OFFICER'S SECURITY CHECK REPORT

DATE	TIME	* STATE IF PREMISES WERE SECURE OR OTHER*	OFR INIT