REQUEST FOR SECURITY CHECK

ADDRESS_____ NAME_____ PHONE_____

DEPARTURE DATE_____ RETURN DATE_____

TYPE OF PREMISES: RESIDENCE _____ BUSINESS_____ OTHER _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES_____ NO _____

IF YES, NAME_____ ADDRESS_____ PHONE_____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE?

YES ___ NO _____IF YES, NAME(S) _____

WILL ANY LIGHTS BE ON INSIDE OR OUTSIDE THE RESIDENCE? YES_____ NO_____

IF YES, EXPLAIN _____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES___ NO___

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO NOTIFY YOU OF MY RETURN.

SIGNED_____ DATE OF REQUEST_____

OFFICER'S SECURTIY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER	BADGE #