REQUEST FOR SECURITY CHECKS

ADDRESS:	NAME: 	PHONE:	
DEPARTURE DATE/TIME:		RETURN DATE:	
TYPE PREMISES:		RESIDENCEBUSINESS	OTHER
HAVE KEYS BEEN LEI	FT WITH ANYONE? Y	ES NO	
IF YES, NAME:	ADDRESS:	ADDRESS: PHONE:	
WILL ANYONE BE WOR DURING YOUR ABSENC		E ACCESS TO PREMISES	
IF YES, LIST NAMES: _			
IN CASE OF EMERGENCY	DO YOU WISH TO BE	NOTIFIED BY COLLECT (CALL? YES NO
IF YES, NAME:	ADDRESS:	PHONE	` ::
		MY PREMISES IN MY ABS UGH POLICE IMMEDIATEI	
SIGNED:		DATE:	

OFFICER'S SECURITY CHECK LIST
DATE TIME STATE IF PREMISES WERE SECURE OR OTHER OFFICER INITIALS
IF AN OFFICER FINDS EVIDENCE OF VANDALISM OR THEFT, MAKE SEPARATE REPORT.