EASTERN PIKE REGIONAL POLICE DEPARTMENT

REQUEST FOR SECURITY CHECK

CASE # [ ]

NAME:_____ PHONE #:_____
ADDRESS:_____

DEPARTURE DATE:_____ RETURN DATE: _____
PROBABLE ROUTE OF TRIP: _____
TYPE PREMISES: RESIDENCE ☐ BUISNESS ☐ OTHER ☐ _____
HAVE KEYS BEEN LEFT WITH ANYONE? YES ☐ NO ☐
IF YES, NAMES _____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES ☐ NO ☐
C/O NAME _____ ADDRESS_____
PHONE # _____ OTHER INFO _____

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

SIGNED _____ DATE OF REQUEST _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER*	OFFICER'S INITIALS

*IF PREMISES WERE UNSECURE OR EVIDENCE OF FORCED ENTRY PRESENT STATE IF YOU ENTERED AND CHECKED PREMISES. IF YOU FOUND ANY EVIDENCE OF VANDALISM OR THEFT MAKE SEPARATE REPORT.