TOWN OF TRAIL CREEK

POLICE DEPARTMENT

REQUEST FOR SECURITY CHECK

ADDRESS:		NAME:		
DEPARTURE DATE:	RETURN DATE:			
TYPE OF PREMISES: Residence	Business 🔲	Lights on Timer:	YES 🗆	№ □
HAVE KEYS BEEN LEFT WITH ANYONE?	YES 🔲 NO 🗀]		
IF YES, NAME:	_ADDRESS:	PHO	ONE	
WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE?				
IF YES, NAME:	_ADDRESS:	РНО	ONE:	
DO YOU HAVE A SECURITY ALARM SYS	STEM IN YOUR HO	DUSE?		
IF YES, PLEASE PROVIDE THE NAME AND PHONE NUMBER:				
IF CASE OF EMERGENCY, DO YOU WIS	H TO BE NOTIFIEI	O? YES 🗌	NO 🗀	
IF YES, PLEASE PROVIDE A NUMBER YO	OU CAN BE REACI	HED AT: ()		
I REQUEST A SECURITY CHECK BE MAD	DE OF MY PREMIS	SES AND AGREE TO NO	TIFY YOU O	MY RETURN
GNED: DATE OF REQUST:				
OFFICERS'S SECURITY CHECK REPORT				
DATE TIME STATE	E IF PREMISES W	ERE SECURE OR OTHE	R OI	FICER INITIALS
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