

CHARLEVOIX CITY POLICE DEPARTMENT

REQUEST FOR SECURITY CHECK

OFFICER ASSIGNED: _____ DEPARTURE DATE: _____ RETURN DATE: _____

NAME: _____ ADDRESS: _____

CELL PHONE: _____ PHONE # AT DESTINATION: _____

TYPE OF PREMISES: RESIDENCE BUSINESS OTHER: _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES NO (IF YES, FILL OUT NEXT LINE)

NAME: _____ ADDRESS: _____ PHONE: _____

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

YES NO NAME: _____ ADDRESS: _____

IN CASE OF EMERGENCY, WHO DO YOU WISH WE CONTACT?

NAME: _____ PHONE NUMBER: _____

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 WAS SECURE OR OTHER*	OFFICER

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

Use other side for additional checks.

