

# 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, NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

YES  NO  NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

IN CASE OF EMERGENCY, WHO DO YOU WISH US TO CONTACT?

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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 OR VANDALISM MAKE A SEPARATE REPORT AND NOTE COMPLAINT NUMBER ABOVE.

Use other side for additional checks.

