

**HIGHLAND FALLS POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK**

DATE: _____

NO. _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DEPARTURE DATE: _____ RETURN DATE: _____

PROBABLE ROUTE OF TRIP: _____

TYPE 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 YOUR ABSENCE

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: _____

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

SIGNED: _____ DATE OF REQUEST: _____

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER	INITIALS

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