Munford Police Department

REQUEST FOR SECURITY CHECK

NO. _____

ADDRESS _____ NAME _____ PHONE NO._____

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 NO. _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES ( ) NO ( )

IF YES, NAMES

_____

_____

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IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES ( ) NO ( )

C/O NAME_____ADDRESS_____ PHONE NO._____

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*	OFFICERS 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.