

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 _____

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.