

JONESVILLE POLICE DEPARTMENT

REQUEST FOR SECURITY CHECK

Name

Address

Telephone Number

Emergency Number

Departure Date

Return Date

Type of Premise: Residence Business Other

Have keys been left with anyone? Yes No

Will anyone have keys/access to the premises while you are gone? Yes No

If yes, name, address and phone of person

Address

Telephone

In case of emergency, do you wish to be contacted? Yes No

If yes, telephone number

I request that the Jonesville Police Department make periodic inspections of my premises while I am away.

Signed _____ Date _____

Officers Security Check Report			
Date	Time	Condition of Premises	Officer Initials

Please print and sign form and return to Jonesville Police Department