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_____

IF YES, NAME AND ADDRESS OF PERSON_____

_____TELEPHONE # _____

WILL ANYONE HAVE ACCESS TO THE PREMISES WHILE YOU ARE GONE?
YES _____ NO _____

IF YES, NAME AND ADDRESS _____

IN CASE OF EMERGENCY, DO YOU WISH TO BE CONTACTED BY A COLLECT CALL? YES _____ NO ___

IF YES, TELEPHONE NUMBER _____

I _____ REQUEST THAT THE JONESVILLE POLICE DEPARTMENT MAKE

PERIODIC INSPECTIONS OF MY PREMISES WHILE I AM AWAY. DATE _____

OFFICERS SECURITY CHECK REPORT

DATE	TIME	CONDITION OF PREMISES	OFFICER INITALS