

**DOUGLASS TWP. POLICE DEPT.
REQUEST FOR SECURITY CHECK**

NAME _____ ADDRESS _____

PHONE _____ DATE OF REQUEST _____

TYPE PREMISES RESIDENCE BUSINESS

DEPARTURE DATE _____ RETURN DATE _____

APPROX. TIME OF DEPARTURE _____ APPROX. TIME OF RETURN _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES NO

IF YES, NAME _____ ADDRESS _____
PHONE _____

NAME _____ ADDRESS _____
PHONE _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE?
YES

IF YES, NAME _____ ADDRESS _____
PHONE _____

NAME _____ ADDRESS _____
PHONE _____

IN CASE OF EMERGENCY, WHO WOULD YOU LIKE US TO CALL?

NAME _____ ADDRESS _____
PHONE _____

SPECIAL NOTES: _____

DATE	TIME	SECURE? YES/NO	OFFICER'S INITIALS