CONFIDENTIAL

	DO NOT DISSEMINATE
POLICE	DOUGLASS TOWNSHIP POLICE DEPARTMENT MONTGOMERY COUNTY, PA 1456 E. Philadelphia Ave Gilbertsville, PA 19525 Ph: 610-367-0466 Fax: 610-369-8892
	Email: Police@DouglassTownship.org
	REQUEST FOR SECURITY CHECK
DATE OF REQUES	T: (**After 30 Days will need to resubmit**)
NAME:	ADDRESS:
PHONE:	ALARM COMPANY:
DATE & TIME OF	DEPATURE: RETURN:
HAVE KEYS BEEN	LEFT WITH ANYONE? (Check One) YES D NO D
NAME:	ADDRESS:
PHONE:	
NAME:	ADDRESS:
PHONE:	
WILL ANVONE DE	PRESENT/ACCESSING THE PROPERTY? (Check One) YES D NO D
NAME:	
PHONE:	
	ADDRESS:
PHONE:	
	GENCY, WHO SHALL POLICE CONTACT?
NAME:	
PHONE:	
	(Check One) YES I NO I Describe:
be a request for the officer make every effort to safegu checks while the homeown	cation check does not guarantee that a burglary or other crime will not occur at the residence, and it is only intended to to check the home periodically, based upon the availability of the officer. Consequently, it is recommended that you tard against losses, including securing high-value property, proper locking devices, alarm systems, etc. No vacation er is gone from the home are guaranteed. No further police response or protection is being guaranteed by the vacation l police service and protection, which is provided to the general public.
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DAY	DATE	TIME	SECURE	OFFICER INITIAL
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