

CANDIA POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK

ADDRESS _____ NAME _____

PHONE # _____ DETAILED DESCRIPTION OF PROPERTY, VEHICLES IN YARD, ECT.

DEPARTURE DATE _____ AM/PM RETURN DATE _____ AM/PM

AUTOMATIC LIGHTS? _____ WHEN? _____ WHERE? _____

TYPE PREMISES: RESIDENCE() BUSINESS() OTHER () _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES() NO()
IF YES, NAME _____ ADDRESS _____
PHONE # _____

WILL ANYONE BE WORKING AROUND 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 # _____

OTHER INFORMATION YOU FEEL MAY BE IMPORTANT TO THE POLICE DEPARTMENT WHEN
CHECKING YOUR PROPERTY: _____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO NOTIFY YOU OF MY
RETURN. I UNDERSTAND THAT IF I FAIL TO NOTIFY YOU UPON MY RETURN, ALL CHECKS
WILL TERMINATE ON THE ABOVE RETURN DATE.

Signed: _____ Date of request _____ Taken by _____

OFFICER'S SECURITY CHECK REPORT

Date Time Premises secure?(If not,why) Officer's initials

