

SUNDERLAND POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK

Name _____ Phone _____
Address _____

NOTE – house # must be clearly marked

Departure Date _____ Return Date _____ (please call)

NOTE –return date-60 day max. must renew thereafter

Type Premises: Residence ___ Business ___

Any vehicles left in driveway? Yes ___ Make _____ Color _____ No _____

Alarms? Yes ___ No ___

If Yes, contact _____ Phone _____

Have lights been left on? Yes _____ timers? Yes ___ No _____

Have keys been left with anyone? Yes ___ No ___

If Yes, Names _____ Phone _____

_____ Phone _____

_____ Phone _____

Will anyone be working about or have access to premises during your absence? Yes ___ No ___

If Yes, Names _____

Emergency Contact Yes ___ No ___

If Yes, Name _____ Phone _____

Other, Name _____ Phone _____

I Request a security check be made of my premises and agree to notify you of my return.

Phoned in request ___ Mailed in request ___ Email request ___

Signed _____ Date of Request _____