## REQUEST FOR SECURITY CHECK

## SUNDERLAND POLICE DEPARTMENT 105 River Road, Sunderland, MA 01375 Sunderlandpolice@gmail.com

Name			Phone	
Address				
×				
Departure Date Return Date NOTE -return date-60 day n	ate nax. must renew	(please call upon r	eturning)	
Type Premises: Residence Business				
Any vehicles left in driveway/garage? Yes	Make Make	Color_ Color	Plate# Plate#	_
Alarms? YesNo  If Yes, contact				
Have lights been left on? Yes Timers	? Yes No_			
Have keys been left with anyone? Yes	No			
Name		Phone		
Name		Phone		
Name		Phone		
Will anyone be working about or have access f Yes, Names		g your absence? Yes No	0	
Phone				
Emergency Contact YesNo  f Yes, Name		Phone		
Other, Name		PhonePhone	9 	
request a security check be made of my pren	nises and agree to			
	Email request	-		
Signed		Date of Request		

Date	Time	Observations	Officer