

SECURITY CHECK / EXTRA PATROL REQUEST

SERVICE R	EQUESTED:	SECURITY CHECK		EXTRA PATROL				
		DURATION: From:		until				
ADDRESS OF RESIDENCE / BUSINESS:								
REASON FO	OR REQUEST:	PREMISE WILL	BE VACANT					
		OTHER:						
KEYS LEFT	WITH ANYONE?	YES	NO					
If yes, name	of person:							
Address:	Address: Phone:							
PREMISE P	ROTECTED BY AL	ARM SYSTEM?	YES	NO				
LIGHTS:	LEFT ON?	YES	NO					
	CONSTANT: _	YES	NO					
	AUTOMATIC:	YES	NO					
PETS:	ON PREMISES	?YES _	NO					
If yes,	INDOORS	OUTDOOI	RS TYPE:					
EMERGENO	CY CONTACT:							
NAME:	· · · · · · · · · · · · · · · · · · ·	PHONE:						
ADDRESS:								

REQUESTED BY:		
NAME:		
ADDRESS:		
PHONE:	_	
SIGNATURE:	DATE:	

OFFICE USE ONLY

DATE	TIME	PREMISE SECURE YES / NO	IF NO, ACTION TAKEN	OFFICER UNIT #

By submitting this form, you understand the Glen Dale Police Department does not accept responsibility if your residence is broken into, damaged or items removed. Officers will do their best to check the residence as time and call volume allows.