ORWELL POLICE DEPARTMENT

SECURITY CHECK REQUEST

REPORT NO. _____

Address: _____ Name: _____

Start Date: _____ End Date: _____ TYPE: Spotlight ☐ Physical ☐ Drive-by ☐

Reason: Suspicious/Criminal Activity ☐ Vacation ☐ Other ☐ (explain): _____

_____

Vehicles at location: _____

Type Premises: Residence ☐ Business ☐ Other ☐

Have keys been left with anyone? YES ☐ NO ☐

If yes, name: _____ Address: _____ Phone: _____

Will anyone be working about or have access to premises during your absence? YES ☐ NO ☐

If yes, names: _____

In case of emergency, do you wish to be notified by phone? YES ☐ NO ☐

C/O Name: _____ Address: _____ Phone: _____

I request a security check be made of my premises and agree to notify the police department upon my return.

Signed: _____ Date of request: _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER	OFFICER INIT.

CANCEL: EXPIRED ☐ RETURNED ☐

OP-21 (11/02)