BELMONT POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK

NAME _____ PHONE NO. _____

ADDRESS _____

DEPARTURE DATE _____ RETURN DATE _____

TYPE OF PREMISES: RESIDENCE BUSINESS OTHER

HAVE KEYS BEEN LEFT WITH ANYONE? YES NO

IF YES, NAME _____ PHONE NO. _____

ADDRESS _____

WILL ANYONE HAVE ACCESS TO PREMISES? YES NO

IF YES, NAME _____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED? YES NO

ADDRESS _____ PHONE NO. _____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND WILL NOTIFY THIS DEPARTMENT OF MY RETURN.

SIGNATURE _____ DATE _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	OFFICER COMMENTS	INITIALS