

# JONESVILLE POLICE DEPARTMENT

## REQUEST FOR SECURITY CHECK

**Name** Click here to enter text.

**Address** Click here to enter text.

**Telephone Number** Click here to enter text.

**Emergency Number** Click here to enter text.

**Departure Date** Click here to enter text.

**Return Date** Click here to enter text.

**Type of Premise:** Residence  Business  Other

**Have keys been left with anyone?** Yes  No

**Will anyone have keys/access to the premises while you are gone?** Yes  No

**If yes, name, address and phone of person** Click here to enter text.

**Address** Click here to enter text.

**Telephone** Click here to enter text.

**In case of emergency, do you wish to be contacted?** Yes  No

**If yes, telephone number** Click here to enter text.

**I request that the Jonesville Police Department make periodic inspections of my premises while I am away.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Officers Security Check Report			
Date	Time	Condition of Premises	Officer Initials

\*\*Please print and sign form and return to Jonesville Police Department\*\*