MAYVILLE POLICE DEPARTMENT

Request for Security Check

Address _____ Name _____ Phone #_____

Departure Date _____ Return Date _____

Probable Route of Trip _____

Type of Premise? Residence Business Other _____

Have keys been left with anyone? Yes No

If yes, please name _____ Address _____ Phone #_____

Will anyone be working about or have access to premises during your absence? Yes No

If yes, please name _____

_____

_____

In case of emergency, do you wish to be notified by collect call? Yes No

Contact name _____ Address _____ Phone #_____

I request a security check be made of my premises and agree to notify you of my return.

Signed _____ Date of Request _____

Special Instructions: _____

_____

_____

_____

_____

OFFICER'S SECURITY CHECK REPORT

Date	Time	State if Premise was secure or other	Officer's Initials