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