

# ALLENSTOWN POLICE DEPARTMENT SECURITY CHECK REQUEST FORM

Name:

DOB:

Address:

Phone:

Start Date:

End Date:

## RESIDENCE INFORMATION

1.) Do you have an Alarm System at the residence? **YES**      **NO**

If yes, what type?

Motion     Perimeter     Panic     Fire     Medical

2.) Will there be any lights left on at the residence? **YES**      **NO**

Time	From:	To:	What rooms?
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3.) Will there be any vehicles at the residence? **YES**      **NO**

Vehicle Type:	Registration:	Location:
Vehicle Type:	Registration:	Location:

4.) Will there be any animals at the location? **YES**      **NO**

If yes, what type?

Caretaker's name:

Phone #:

5.) In case of an Emergency, whom do you want us to contact?

Name:	Phone #:
Name:	Phone #:

6.) Please list any previous or any anticipated problems at the residence:

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7.) Please list any persons or vehicles NOT ALLOWED at the residence:

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I am requesting the Allenstown Police Department to perform a Security Check of my premises and I agree to notify the Allenstown Police Department when I return or if I have knowledge of any changes to the above information.

Signed:

Date:

Name of Officer taking the request:

