

# SECURITY CHECK REPORT

THOMASTON POLICE DEPARTMENT, THOMASTON MAINE 04861

DATE OF REQUEST: \_\_\_\_\_

REQUEST MADE BY: \_\_\_\_\_

PRINT NAME

ADDRESS: \_\_\_\_\_

PRINT ADDRESS OF PREMISES TO BE CHECKED

TELEPHONE NUMBER OF PREMISES TO BE CHECKED:

## I REQUEST THE SECURITY CHECK BE MADE OF MY PREMISES:

FROM

DATE PREMISES WILL BE VACANT

TO:

DATE RETURNING

## REASON FOR SECURITY CHECK OR PATROL:

REASON FOR PATROL: PREMISES WILL BE VACANT:

OTHER:

IS THE PREMISES PROTECTED BY ALARM:

YES

NO

IF YES, BY WHOM:

LIGHTS ON:   CONSTANT:   AUTOMATIC

YES

NO

YES

NO

YES

NO

KEYS LEFT WITH ANYONE:

YES

NO

IF YES, NAME \_\_\_\_\_

AREA CODE

PHONE NUMBER

ADDRESS: \_\_\_\_\_

IN CASE OF AN EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL?

YES

NO

IF YES, GIVE CONTACT NUMBER INCLUDING AREA CODE:

AREA CODE

PHONE NUMBER

## OTHER PERSONS WHO WILL HAVE ACCESS TO MY PREMISES

(RELATIVES, WORKERS, NEIGHBORS, EMPLOYEES)

FIRST PERSON TO BE CALLED

NAME: \_\_\_\_\_

PRINT NAME

PHONE \_\_\_\_\_

SECONDED PERSON TO BE CALLED

NAME: \_\_\_\_\_

PRINT NAME

PHONE \_\_\_\_\_

THIRD PERSON TO BE CALLED

NAME: \_\_\_\_\_

PRINT NAME

PHONE \_\_\_\_\_

