REQUEST FOR SECURITY CHECK

Address: _____ Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Departure Date: _____ Return Date: _____

Destination and Probable Route: _____

Type of Premises: (Check One) Residential Business Other _____

Have keys been left with anyone? (Check One) ☐ Yes ☐ No

If yes, name: _____ Address _____

Phone Number _____

Will anyone be working at or have access to premises during your absence? (Check One) ☐ Yes ☐ No

If yes, names: _____

In case of emergency, do you wish to be notified: (Check One) ☐ Yes ☐ No

What vehicles should be on site? _____

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

SIGNED: _____ DATE OF REQUEST: _____

Signed form can be emailed to Captain Doug Hook at dhook@westcolumbiasc.gov.

Official Use Only

OFFICERS' SECURITY CHECK REPORT

Date	Time	Is Premise Secure or note Other	Officer Initials