KINSMAN TOWNSHIP POLICE DEPARTMENT

Complaint Number _____

REQUEST FOR SECURITY CHECK

Date _____

Requesting Party _____ Mailing Address _____

Phone _____ Departure Date _____

Return Date _____ Date To Be Cancelled _____ Previous N/A ☐

Location of Requested Check _____

_____

Reason _____

_____

Have keys been left with anyone? ☐ Yes ☐ No ☐ N/A

If yes, complete the following. If keys are not being left, but someone will be watching then also complete name, address, etc.

Name _____ Address _____

Phone _____ _____

In case of emergency does the requesting party wish to be notified by collect call?

☐ Yes ☐ No ☐ N/A

c/o Name _____ Address _____

Phone _____ _____

Special Instructions _____

_____

OFFICER'S SECURITY CHECK REPORT

Date	Time	Officer	(✓) OK	OBS. NO.	Brief Description of Problem

☐ _____ Cancelled Date