

# DANVILLE POLICE DEPARTMENT REQUEST FOR SECURITY CHECK

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

TYPE OF PREMISES: (PLEASE CHECK ONE OF THE FOLLOWING)

RESIDENCE       BUSINESS       OTHER

LOCAL EMERGENCY CONTACT:

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

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

PHONE: \_\_\_\_\_

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO THE PREMISES

YES       NO      WHOM: \_\_\_\_\_

DO YOU HAVE AN ALARM SYSTEM?  YES  NO ALARM CO PHONE# \_\_\_\_\_

ARE THERE LIGHTS ON TIMERS?  YES  NO

VEHICLES LEFT ON THE PREMISES?  YES  NO

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ LIC# & STATE \_\_\_\_\_

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YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ LIC# & STATE \_\_\_\_\_

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

\_\_\_\_\_ BROKEN WINDOWS OR SCREENS  
\_\_\_\_\_ MAIL DELIVERY STOPPED  
\_\_\_\_\_ NEWSPAPER DELIVERY STOPPED

I REQUEST A SECURITY CHECK BE MADE OF MY PROPERTY AND AGREE TO NOTIFY THE DANVILLE POLICE DEPARTMENT UPON MY RETURN. I UNDERSTAND THAT HOUSE CHECKS WILL BE PERFORMED AS TIME PERMITS. YOUR SIGNATURE ON THIS FORM RELEASES DANVILLE POLICE DEPARTMENT OF ALL LIABILITY OR DAMAGES OCCURRING DURING THIS TIME PERIOD.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*Please submit your request 10 days prior to your departure.*