

**APPENDIX A (Part 1 Of 2)**

*(This Appendix is subject to change independent of the Policy and is separately authorized by the Chief of Police.)*

**SECURITY CHECK APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Security Check Address: \_\_\_\_\_

Residence Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Your address while away from above property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of an emergency, do you wish to be notified?  Yes or  No

If yes, telephone number: \_\_\_\_\_

Will anyone be at or around the premises during your absence?  Yes or  No

If yes, name and make of automobile owned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Responsible parties during your absence (name, address, residence telephone and cell phone number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have keys?  Yes or  No

Detailed description of property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the property have a security system?  Yes or  No

Name of alarm monitoring company? \_\_\_\_\_

**APPENDIX A (Part 2 Of 2)**

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Will lights be on or off during absence? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will automobiles be on the premises during your absence?  Yes or  No

If yes, list make, model, and registration numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A return date (approximate if necessary) must be filled in above. Records of the security checks will be kept on file for thirty (30) days after cancellation.

Property Owner Signature: \_\_\_\_\_

\_\_\_\_\_

**Department use only:**

Officer Signature: \_\_\_\_\_ Dispatch # \_\_\_\_\_

Patrol Area: \_\_\_\_\_