

Williamsville Police Department

Request for Security Check

Address: _____ Name: _____ Phone: _____

Reason For Security Check:

Departure Date: _____ Return Date: _____

Premise Type: Residence: _____ Business: _____ Other: _____

Lights On? YES NO Constant On? YES NO Automatic Timer? YES NO

Will Keys Be Left With Anyone? YES NO

If Yes, Name: _____ Address: _____ Phone: _____

Will Anyone Be Working About Or Have Access To The Property? YES NO

If Yes Please List Names Of Individuals:

I am requesting a Security Check for my premise on the above date. I agree to make the Department aware of my return to the premises. I further understand that entering my name below constitutes my legal signature.

Name

Date