

Jamestown Police Department
Request for Security Check

Name: _____

Address: _____

Home Phone _____

Type of Premises: Home () Business() Other ()

Keys left with anyone: Yes () No ()

If so, with whom: _____

Anyone working there while gone: Yes () No ()

Anyone with access: Yes () No ()

In Emergency - Please Call: _____ at Tel. # _____

Telephone # where owner can be reached: _____

In an emergency, do you wish a collect call? Yes () No ()

Date Leaving: _____

Tel. #

Date Returning: _____

Remarks: Please include if timer or regular lights will be left on or if any vehicles parked there, ...etc.
