Call Card Number	House Check No.

The Garrettsville Police Department

Residence / Business Security Check Request Form

RESIDENCE OR BUSINESS INFORMATION AND CONTACT INFORMATION

Name of Requestor	Requestor Phone Number

Address to be checked

Departure Date	Return Date

Type of Premises

Residence ☐ Business ☐ Barn ☐ Garage ☐ Other ☐

Spare Key Information

Have keys been left with anyone local? (please circle, if yes list person below) **Yes** **No**

Name:	Phone:

Subjects to be on property

Will anyone be around the premises during your absence? (please circle, if yes list person below) **Yes** **No**

Name:	Phone:
Name:	Phone:
Name:	Phone:

List any vehicles parked in the driveway or garage

List any alarm systems, lights on timers, etc.

Emergency Notification Information

Do you wish to be notified by a collect call in case of emergency? (please circle, if yes complete below) **Yes** **No**

C / O Name and address	Phone No.

Signature	**Date of request**

Officer's Security Check Report

Date	Time	Note if premises were secure or other information	Initials