

SECURITY CHECK REPORT

THOMASTON POLICE DEPARTMENT, THOMASTON MAINE 04861

DATE OF REQUEST: _____

REQUEST MADE BY: _____
PRINT NAME

ADDRESS: _____
PRINT ADDRESS OF PREMISES TO BE CHECKED

TELEPHONE NUMBER OF PREMISES TO BE CHECKED:

I REQUEST THE SECURITY CHECK BE MADE OF MY PREMISES:

FROM TO:
DATE PREMISES WILL BE VACANT DATE RETURNING

REASON FOR SECURITY CHECK OR PATROL:

REASON FOR PATROL: PREMISES WILL BE VACANT:
OTHER:

IS THE PREMISES PROTECTED BY ALARM: YES NO

IF YES, BY WHOM:

LIGHTS ON: YES NO CONSTANT: YES NO AUTOMATIC: YES NO

KEYS LEFT WITH ANYONE: YES NO

IF YES, NAME _____ AREA CODE _____ PHONE NUMBER _____

ADDRESS: _____

IN CASE OF AN EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES NO

IF YES, GIVE CONTACT NUMBER INCLUDING AREA CODE: AREA CODE _____ PHONE NUMBER _____

OTHER PERSONS WHO WILL HAVE ACCESS TO MY PREMISES

(RELATIVES, WORKERS, NEIGHBORS, EMPLOYEES)

FIRST PERSON TO BE CALLED
NAME: _____ PHONE _____
PRINT NAME

SECONDED PERSON TO BE CALLED
NAME: _____ PHONE _____
PRINT NAME

THIRD PERSON TO BE CALLED
NAME: _____ PHONE _____
PRINT NAME

