

REQUEST FOR SECURITY CHECK OF RESIDENCE

NAME: _____ PHONE: _____

ADDRESS: _____

DEPARTURE DATE: ___/___/___ RETURN DATE: ___/___/___

PROBABLE ROUTE OF TRIP: _____

TYPE OF PREMISE (CIRCLE ONE) RESIDENCE BUSINESS

HAVE KEYS BEEN LEFT WITH ANYONE? (circle one) YES NO

If YES to above Name: _____ Phone # _____

Address: _____

Will anyone be working at residence during your absence? (circle one) YES NO

If YES to above, names: _____

In case of EMERGENCY do you wish to be notified by COLLECT CALL? YES NO

If YES to above call: _____ Phone: () _____

Address: _____

*" I request a security check be made of my premises and I agree to notify the Great Barrington Police Department upon my return. I also understand and agree that **FOR ABSCENCES IN EXCESS OF 30 DAYS THAT I MUST MAKE ALTERNATE ARRANGEMENTS WITH SOMEONE ELSE TO CHECK MY PROPERTY**".*

I have read and agree to the terms as stated above.

Signed _____ Date: ___/___/___

| Date | Time | State if premises were secure or other* | Officers Initials |
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* If premises were UNSECURE or evidence or forced entry present state if you entered and checked the premises. *If you found evidence of vandalism or theft MAKE A SEPARATE REPORT.* *