OLIVET POLICE DEPARTMENT

Request for Security Check

Property Type: Residence Business Own	er/Lessee (F,L):
Address:	Alarm System:
Departure Dt/Time: / ; :	Return Dt/Time: / ; :
Contact Number: () Contact	ct Name (F,L)
Please provide alternate contact information in case above contact cannot be reached:	
Contact Number: () Contact	ct Name (F,L)
Will anyone be present at anytime at the address above during your absence (Provide details below)? Be sure to provide name, contact number, and vehicle if applicable:	
Please provide any other information that may be helpful to the officer, when checking the security of the property listed above. For example: will there be a light left on, will there be timers set for lights, will there be any vehicles in the garage or elsewhere on the property, etc	

***** PLEASE CONTACT THE OLIVET POLICE DEPARTMENT UPON RETURN *****

Please print, fill-out, and bring to Olivet PD.