Throop Police Department

Request For Security Check

Address _		Name	
Phone # _		Departure Date Return Date	e
Type of Pro	emises: Ro	esidence Business Other	
Have the K	eys been L	eft with Anyone? YES NO NO	
Relatives, I	Name one #	Address	
Will Anyon	e Be Work	ing About or Have Access to Premises During Absence? YE	s No
If So, Who	?		
Do You Wi	sh to be No	otified in Case of an Emergency? YES NO	
Additional Emergency Contact(s): Name Phone #			
l Request a	Security C	heck Be Made of My Premises And Agree To Notify You of	My Return
Signature_	Date of Request		
DATE	TIME	OFFICER'S SECURITY CHECK REPORT	Badge #