GROVE CITY DIVISION OF POLICE
REQUEST FOR SECURITY CHECK

District: _____
No: _____

Address _____ Name _____ Phone _____

Departure Date _____ Return Date _____

Probable Route Of Trip _____

Type Premises: Residence _____ Business _____ Other _____

Have keys been left with anyone? Yes _____ No _____

If Yes, Name _____ Address _____ Phone _____

Will anyone be working about or have access to premises during your absence? Yes _____ No _____

If yes, Names _____

In case of emergency, do you wish to be notified by collect call? Yes _____ No _____

C/O Name _____ Address _____ Phone _____

I request a security check be made of my premises and agree to notify you of my return.

Signed _____ Date of request _____

OFFICER'S SECURITY CHECK REPORT

Date	Time	State if premises or other*	Officer

*If premises were unsecured, or evidence of forced entry present, state if you entered and checked premises. If you found an evidence of vandalism or theft, make separate report.

Lights on timers: Start Time: _____ Finish Time: _____

Vehicles left in driveway:

Police and/or fire alarms: Yes _____ Or No _____