Town of Warwick Police Department **Blotter Number:_____**

Request for Security Check

This service is not intended for vacant closed homes that are for sale

Address:	Telephone: ( )

Last Name:	First Name:	Middle:

Departure Date:	Return Date:	***Maximum of 30 days***

Type of Premises: Residential ☐ Business ☐ Other (*describe*):_____

Premises Alarmed? Yes ☐ No ☐ Type of Alarm:_____

Interior lights? Yes ☐ No ☐ Exterior lights? Yes ☐ No ☐

Animals on premises? Yes ☐ No ☐

Will any vehicles be left in the driveway? No ☐ Yes ☐ *If Yes, describe vehicles:*

Plate Number	Year	Make	Plate Number	Year	Make

Will anyone be working around or have access to premises during your absence? (Relatives, neighbors, landscaper, pet sitters, etc…) No ☐ Yes ☐

Name	Address	Telephone Number
		( )
		( )
		( )

In case of an emergency, do you wish to be notified by collect call? No ☐ Yes ☐ If yes:

Name	Address	Telephone Number
		( )

I request a security check of my premises and agree to notify the police department upon my return

Signature: **X**	Date of Request:

Officer's Security Check Report

Date	Time	Blotter #	Officer's Initials	Date	Time	Blotter #	Officer's Initials