## Town of Warwick Police Department Blotter Number:\_\_\_\_\_

## Request for Security Check

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

		1111	s service	is not	inienaea jor vac	ant ciosea no	omes ti	iat are for .	sale		
Address:								Telephone: ( )			
Last Nam	-	First N	First Name:				Middle:				
										wildale.	
Departure Date:					Return	Return Date:				imum 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			ar	Make Plate Number				Year M			
Will anyone be working around or have access to premises during your absence? (Relatives,											
neighbors, landscaper, pet sitters, etc)  No  Yes  Name  Address  Telephone Numbre											
ivanie				Address					Telephone Number		
In case of an emergency, do you wish to be notified by collect call? No Yes If yes:											
Name Name				Address					Telephone Number		
				()							
I request a security check of my premises and agree to notify the police department upon my return											
Signature: <b>X</b>					Date of Request:						
Officer's Security Check Report											
Date	Ti	me	Blotte		Officer's	Date		Time	Blotter	Officer's	
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