CANDIA POLICE DEPARTMENT

REQUEST FOR SECURITY CHECK

ADDRESS:		NAME:			
HOUSE PHONE:			:		
DEPARTURE DATE:	AM/PM	RETURN DAT	È:	AM/PM	
TYPE OF PREMISES (Circle One):	RESIDENCE	BUSINESS	OTHER		
AUTOMATIC LIGHTS: Y N	WHEN?:	WHERE?	:		
HAVE KEYS BEEN LEFT WITH AN	YONE?: Y	N WHC	0?:		
WILL ANYONE HAVE ACCESS DU	JRING YOUR A	BSENCE? Y	Ν		
IF SO, WHO? NAME(S):					
PREFERRED CONTACT METHOD FOR EMERGENCIES: CELL HOME					
PROPERTY DESCRIPTION:					

I REQUEST A SECURITY CHECK BE MADE OF MY PROPERTY AND AGREE TO NOTIFY YOU OF MY RETURN. I UNDERSTAND THAT IF I FAIL TO NOTIFY YOU OF MY RETURN, ALL CHECKS WILL TERMINATE ON THE ABOVE RETURN DATE.

Signed:_____ Date:____

SECURITY CHECK REPORT

DATE	TIME	SECURE?		BADGE
		Y	Ν	
		Y	N	
		Y	Ν	
		Y	Ν	
		Y	Ν	
		Y	Ν	
		Y	Ν	
		Y	N	

DATE	TIME	SECURE?		BADGE
	-	Y	N	
		Y	N	
		Y	N	
		Y	N	
		Y	N	
		Y	N	
		Y	N	
		Y	N	

DATE	TIME	SECURE?		BADGE
		Y	N	
		Y	N	
		Y	Ν	
		Y	N	
		Y	Ν	
		Y	N	
		Y	Ν	
		Y	N	

TIME	SECURE?	BADGE
	Y N	
	Y N	
	Y N	
	Y N	
	Y N	
	Y N	
	Y N	
	Y N	
	Y N	
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