# Richmond Police Department

## REQUEST FOR SECURITY CHECK

ADDRESS: _____

NAME: _____ PHONE: _____

DEPARTURE DATE: _____ RETURN DATE: _____

NAME OF PERSON/S CHECKING ON PROPERTY _____

_____ ADDRESS/S _____

PHONE #S _____

MISC. INFO _____

LIGHTS _____

CARS (DRIVEWAY) _____

CARS (GARAGE) _____

PHONE NUMBER IN CASE OF EMERGENCY _____

I REQUEST A SECURITY CHECK BE MADE OF MY PROPERTY AND WILL NOTIFY YOU OF MY RETURN.
SIGNED _____ DATE _____

OFFICER'S SECURITY CHECK REPORT

| DATE | TIME | PREMISES SECURE OR OTHER | INITIAL'S |
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