CHICHESTER POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK

DATE: _____ NAME: _____
DEPART DATE: _____ ADDRESS: _____
RETURN DATE: _____ TELEPHONE: _____

DIRECTIONS: _____
_____

TYPE OF PREMISES: RESIDENCE___ BUSINESS___ OTHER____

Will anyone be checking or working at property? YES ___ NO___
NAME: _____
ADDRESS: _____
TELEPHONE: _____

Will this person have keys to property/building? YES___ NO___

Will lights be left on? YES___ NO___
IF YES – WHERE? _____
CONTINUALLY OR ON TIMER? _____

CONTACT PERSON IN CASE OF EMERGENCY?
NAME: _____
TELEPHONE: _____

DATE	TIME	STATUS OF PREMISES	OFF. ID