

ALTON POLICE DEPARTMENT

REQUEST FOR PROPERTY CHECK

Name: _____ Ph # (Hm) _____ (Wk) _____

Mailing Address: _____

Location of Property to be Checked: _____

Directions & Description of Property: _____

Departure Date: _____ Return Date: _____

Where you can be contacted (address/phone) _____

Security System? ____ Yes ____ No Night Lights? ____ Yes ____ No Emergency Heat Light? ____ Yes ____ No

Location of above: _____

Do you expect any deliveries from anyone (ie oil, packages etc)? If so, list below.

Name: _____ Address _____ Phone# _____

Have keys been left with anyone? ____ Yes ____ No If so, list below.

Name: _____ Address _____ Phone# _____

Will anyone be working about or have access to the premises during your absence? If so, list below:

Name: _____ Address _____ Phone# _____

Emergency Contacts:

Name: _____ Address _____ Phone# _____

Name: _____ Address _____ Phone# _____

List any vehicles to be left on property: _____

Any other information: _____

I REQUEST A SECURITY CHECK BE MADE OF MY PROPERTY AND AGREE TO NOTIFY YOU UPON MY RETURN. _____
Initial

Dear Resident: This service in no way guarantees that your property will be safe from vandalism or burglary, but merely provides the Police Department with information of your whereabouts and other pertinent facts if a crime should occur. Have a safe journey and please call us upon your return.

Signature: _____ Date: _____

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