



TOWN OF EVANS POLICE DEPARTMENT
8787 ERIE ROAD, ANGOLA, NY 14006
716-549-3600 FAX 716-549-6089

REQUEST FOR SECURITY CHECK

ADDRESS _____

DEPARTURE DATE _____ RETURN DATE _____

NAME _____ PHONE # _____

ANY LIGHTS LEFT ON: YES ___ NO ___ IF YES, WHERE? _____

VEHICLES _____

TYPE OF PREMISES: RESIDENCE _____ BUSINESS _____ OTHER _____

HAVE KEYS BEEN LEFT WITH ANYONE: YES ___ NO ___

IF YES, NAMES _____

WILL ANYONE BE WORKING OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES ___ NO ___

IF YES, NAMES _____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED? YES ___ NO ___

PHONE NUMBER TO CONTACT YOU IS _____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO NOTIFY WHEN I RETURN;

SIGNED _____ DATE OF REQUEST _____

***If premises were unsecure or evidence of forced entry present, state if you entered and checked premises. If you found any evidence of vandalism or theft, make separate report.**

BELOW IS DEPARTMENTAL USE ONLY

Received date and initials _____

Complainant # _____

Entered into log, date and initials _____