HOME SECURITY REQUEST AGREEMENT
ST. FRANCIS POLICE DEPARTMENT

ICR #_____

FULL NAME: _____ DOB: _____

ADDRESS: _____

CELL PHONE # OR NUMBER TO REACH YOU AT: _____

TYPE OF PREMISES: RESIDENTIAL BUSINESS OTHER _____

DEPARTURE DATE: _____ ESTIMATED RETURN _____

DESTINATION: _____

HAVE KEYS BEEN LEFT WITH ANYONE? _____

NAMES(S)_____

ADDRESS/PHONE: _____( ) _____

WILL ANYONE HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? Y or N

NAME(S) _____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO NOTIFY YOU OF MY RETURN. I UNDERSTAND THAT A **STANDARD** CHECK OF THE PREMISES WILL BE CONDUCTED BY THE ST. FRANCIS POLICE DEPARTMENT. I UNDERSTAND THAT THE ST. FRANCIS POLICE DEPARTMENT IS NOT TO BE CONSIDERED A PERSONAL SECURITY ALARM FOR MY RESIDENCE BUT THE POLICE DEPARTMENT WILL, WITH TIME PROVIDED, DO A BASIC HOME CHECK WHILE I AM OUT OF TOWN.

_____ _____
SIGNATURE DATE

SECURITY CHECK REPORT
(TO BE COMPLETED BY POLICE OFFICER)

DATE	TIME	STATE OF PREMISES	