Firestone Police Department's Residence/Business Watch

ADDRESS: _____ HOME PHONE:_____

NAME: _____ CELLULAR PHONE: _____

DEPARTURE DATE: _____ RETURN DATE: _____

TYPE OF PREMISES: Residential: _____ Business: _____ Other: _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES _____ NO _____

IF YES, NAME: _____ ADDRESS: _____

HOME PHONE: _____ CELLULAR PHONE; _____

ARE YOU EXPECTING ANYONE TO BE ON YOUR PROPERTY DURING YOUR ABSENCE? _____

IF YES, NAME(S): _____, _____, _____

NATURE OF BUSINESS: _____ PHONE:_____

EMERGENCY CONTACT INFORMATION: NAME: _____

ADDRESS: _____ PHONE: _____

I am requesting a security check at the above listed property and agree to notify the police department of my return.

SIGNATURE: _____ DATE OF REQUEST: _____

OFFICER'S SECURITY CHECK REPORT			
DATE	TIME	PATROL ACTIONS AND CONDITION OF THE PREMISES	OFFICER'S INITIALS

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IF THE PREMISES WERE FOUND UNSECURE OR EVIDENCE OF FORCED ENTRY IS PRESENT, STATE IF YOU ENTERED AND CHECKED THE PREMISES, IF INDICATIONS OF THEFT OR VANDELISM, MAKE A SEPARATE REPORT