Johnstown Police Department

REQUEST FOR SECURITY CHECK

Departure Date				_ Return Date		
Probable Rou	ite of Trip _					
Type of Premises: Residence Business				Other		
Have keys be	en left with	anyone?	_YesNo			
If Yes: Name Address					Phone	
Name			Address		Phone	
Will there be	lights on a	timer? \	'es No			
If Yes:						
Location				Tir	nes	
Location					nes	
I request a se	curity chec	k be made of	my premises an	d agree to notify you o	of my return.	
Signed				Date		
			Officer Security	Check Report		
Date	Time		Premises Sec	ure/Un-Secured	Officer	