Danville Police Department
Phone: (603) 382-9403
Fax: (603) 382-1212
Emergency: 9-1-1

DANVILLE POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK

NAME: | HOME PHONE:
CELL PHONE:

ADDRESS:

DEPARTURE DATE: | RETURN DATE:

TYPE OF PREMISES: (PLEASE CHECK ONE OF THE FOLLOWING)

[ ] RESIDENCE [ ] BUSINESS [ ] OTHER (SPECIFY)

LOCAL EMERGENCY CONTACT:

NAME: _____
ADDRESS: _____
PHONE: _____

WILL ANYONE BE WORKING ON, OR HAVE ACCESS TO THE PREMISES?

[ ] YES [ ] NO IF YES, WHOM? _____
_____
_____

DO YOU HAVE AN ALARM SYSTEM? [ ] YES [ ] NO
IF YES, ALARM COMPANY # _____

ARE THERE LIGHTS ON TIMERS? [ ] YES [ ] NO
IF YES, WHICH/LOCATION? _____

WILL THERE BE VEHICLES LEFT ON THE PREMISES? [ ] YES [ ] NO
IF YES, PLEASE LIST BELOW:

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ LICENSE PLATE # & STATE: _____
YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ LICENSE PLATE # & STATE: _____
YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ LICENSE PLATE # & STATE: _____

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

BROKEN WINDOWS OR SCREENS? _____ IF YES, WHERE? _____
MAIL DELIVERY STOPPED? _____
NEWSPAPER DELIVERY STOPPED? _____

I REQUEST A SECURITY CHECK BE MADE OF MY PROPERTY AND AGREE TO NOTIFY THE DANVILLE POLICE DEPARTMENT UPON MY RETURN. I UNDERSTAND THAT HOUSE CHECKED WILL BE PERFORMED AS TIME PERMITS. YOUR SIGNATURE ON THIS FORM RELEASES THE DANVILLE POLICE DEPARTMENT OF ALL LIABILITY OR DAMAGES OCCURRING DURING THIS TIME PERIOD.

_____ _____
SIGNATURE DATE

Please submit your request 10 days prior to your departure