

LEXINGTON POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK

NAME _____ ADDRESS _____

SUBDIVISION (?) _____ TELEPHONE _____

DEPARTURE DATE _____ RETURN DATE _____

TYPE OF PREMISES: RESIDENCE _____ BUSINESS _____ OTHER _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES _____ NO _____

IF YES, NAME _____ ADDRESS _____

TELEPHONE _____

WILL LIGHTS BE LEFT ON? YES _____ NO _____

IF YES, CONSTANT OR TIMER? CONSTANT _____ TIMER _____

IF TIMER, WHEN? ON _____ OFF _____

LOCATIONS: _____

WILL VEHICLES BE LEFT ON PREMISES? YES _____ NO _____

IF YES, LOCATION AND DESCRIPTION: _____

ARE ANY WINDOWS BROKEN, SCREENS TORN, ETC.? YES _____ NO _____

IF YES, LOCATION: _____

WILL ANIMALS BE LEFT ON PREMISES? YES _____ NO _____

IF YES, LOCATION: _____

EMERGENCY CONTACT INFORMATION:

NAME _____ ADDRESS _____

TELEPHONE _____

ADDITIONAL COMMENTS: _____

BY PHONE _____ IN PERSON _____ DATE _____ RECEIVED BY _____