Office Use

Date _____ Time _____ Disp _____ # _____

Hope Mills Police Department Security Check Request

Requested dates of security check _____

Name _____

Address of request _____

Reason of patrol Vacant _____ Other (specify) _____

Premise type (circle one) Residence Business Open land area Construction site

Alarm system (circle one) Yes No (If yes, give name of company) _____

Below list anyone who will have access to the premises along with make, model & color of vehicle. This is to include any vehicles that will be left on the premises.

_____

_____

In the event of an emergency, do you wish to be notified? (If out of town/state we will notify you by collect call) Yes No

If yes, provide the name and phone number _____

The Hope Mills Police Department offers the security check as a courtesy to the citizens of Hope Mills. We will make every attempt to check the premises at least once every evening, however this cannot be guaranteed. The Hope Mills Police Department will not be responsible or liable for any damages that may occur on the property. We request that you notify this department when you return or when a security check is not further needed. The security check will be conducted for and not to exceed one week.

I have read and understand the listed conditions.

Signature _____ Date _____

Officer's Security Check Report

DATE	TIME	OFF.	DATE	TIME	OFF.	DATE	TIME	OFF.	DATE	TIME	OFF.