

**FIRESTONE POLICE DEPARTMENT
RESIDENCE/BUSINESS WATCH**

ADDRESS: _____ TELEPHONE: _____

NAME: _____

DEPARTURE DATE: _____ RETURN DATE: _____

TYPE OF PREMISES: RESIDENTIAL BUSINESS OTHER: _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES NO

IF YES, NAME: _____

ADDRESS: _____ TELEPHONE: _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES NO

IF YES, NAME(S): _____

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY A COLLECT CALL? YES NO

IF YES, NAME: _____

ADDRESS: _____ TELEPHONE: _____

I AM REQUESTING A SECURITY CHECK BE MADE OF THE LISTED PREMISES AND AGREE TO NOTIFY YOU OF MY RETURN.

SIGNATURE: _____ DATE OF REQUEST: _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER*	OFFICERS INITIALS

* IF PREMISES WERE FOUND UNSECURED OR EVIDENCE OF FORCED ENTRY IS PRESENT, STATE IF YOU ENTERED AND CHECKED THE PREMISES. IF YOU FOUND ANY EVIDENCE OF VANDALISM OR THEFT, MAKE A SEPARATE REPORT.

