SELINSGROVE POLICE DEPARTMENT REQUEST FOR RESIDENTIAL SECURITY CHECK

HOME ADDRE	REQUESTOR) NAME:			***************************************		TELEDITORE	HMPED.	
	REQUESTOR) NAME:					TELEPHONE NUMBER: () -		
ESTINAT EPARTURE	ION/CONTACT INFO	RMATION: DEPARTURE	· TIME·	RETURN DATE:			RETURN TIME:	
OCATION ST					***************************************	LOCAL CONTA	CT NUMBER WHILE ON TRIP:	
						()		
ARM M	ONITORING: ITORED BY ALARM COMPA	NY: NAME OF AL	ARM COMPANY:					
]YES	□ NO							
	ICY CONTACT / KEY	HOLDER(S) / PERSON(S) MONITORING P	REMISES: TELEPHONE NU	MRER-	Markan I.	DOES THIS PERSON HAVE A KEY:	
STREET ADDRESS:				() - YES NO				
ME OF PES	SON WITH KEY (EMERGENT	CY CONTACT #2):		TELEPHONE NU	MBER:		DOES THIS PERSON HAVE A KEY:	
REET ADDR	RESS:			CITY:	-		∐ YES ∐ NO ZIP:	
EHICLE/S	S) ON PREMISES:							
AR:	MAKE:	MODEL:	LICENSE PL	ATE NO:	LOCATION C	N PROPERTY:		
AR:	MAKE:	MODEL:	LICENSE PL	ATE NO:	LOCATION C	N PROPERTY:		
IMAL(S) INS	NO / □ AUTOM SIDE PREMIS: □ NO / TYPE: NENT INFORMATION:	IATIC CONSTANT	/ Location of ligh	t(s):				
						· · · · · · · · · · · · · · · · · · ·		
proper employ fered b ice Dep create	rty listed above. ees, officers and y the undersign artment. Furthe a special duty u	I, the undersigne I/or agents from a ed, through any a er, I, the undersign	d, do hereby ag ny claim for pe action or lack c ed, understand ve Police Depai	gree to ho rsonal inju of action t s and agre tment and	ld harmle ry, loss o hereof, b es that th d will be p	ess the Se r damage y a repre nis is a vol provided	partment visually check understanding partment visually check understanding to the property that makes estative of the Selinsg luntary, free service and conly as time is available,	
	F OF REQUESTOR	rescuestration state and a					OUEST SUBMITTED	