SOUTH FAYETTE TOWNSHIP POLICE DEPARTMENT

515 Millers Run Road
Morgan, PA 15064
(412) 221-2170 (412) 221-6703 fax

REQUEST FOR SECURITY CHECK

Name: _____ Address: _____

Phone #'s: _____ _____

Departure Date: _____ Return Date: _____

Type of Premise: (Residence) _____ (Business) _____ (Other) _____

Keys left with: (Name) _____ Address:_____

_____

Phone: _____

Will anyone be working about or have access to premise during your absence? (YES / NO) _____

If YES, Name: _____ Address: _____

Phone: _____

In case of Emergency do you wish to be notified by collect call ? _____ Phone: _____

I Request a Security Check be made of my Premises and agree to notify you of my return.

Signed: _____ *Date of Request:* _____

OFFICERS SECURITY CHECK REPORT

DATE	TIME	State if Premises were Secure or Other	Officer's Initials