**City of St. Johns Police Department**

# Request for Security Check

Date: _____

Name: _____

Address: _____ Phone: _____ ☐ Residence ☐ Business

Departure Date:_____ Return Date:_____

Destination:_____

Automatic Lights: ☐ No ☐ Yes If so, location:_____

Have keys been left with anyone? ☐ No ☐ Yes

If yes, Name:_____

Address: _____

Phone:_____

Description of Vehicles left on Property:

_____

_____

_____

Will anyone be working about or have access to the premises during your absence?

☐ No ☐ Yes

If yes, names: _____

In case of emergency, do you wish to be notified by collect call? ☐ No ☐ Yes

C/O Name: _____ Address:_____ Phone: _____

Dear Resident:

This security check service in no way guarantees that your property will be safe from vandalism or burglary, but merely provides the police department with information on your whereabouts and the pertinent facts if a crime should occur.

Have a safe journey, and please call us upon your return.

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO ALLOW EMPLOYEES OF THE ST. JOHNS POLICE DEPARTMENT TO ENTER MY PROPERTY AND, IF NECESSARY, MY RESIDENCE OR ANY BUILDINGS AND TO NOTIFY YOU OF MY RETURN. I HOLD THE CITY OF ST. JOHNS, THE ST. JOHNS POLICE DEPARTMENT, AND ITS AGENTS HARMLESS FOR ANY INJURY OR DAMAGE THAT MAY OCCUR.

SIGNED_____ DATE_____

**Officer's Security Check Report**

| Date | Time | Sate if Premises Secure or Other | Officer's Initials |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |