MONTPELIER POLICE DEPARTMENT

RESIDENTIAL SECURITY CHECK REQUEST

		ADDRESS: RETURN DATE:			PHONE:		
				E:			
KEYS LEF	T WITH AN	YONE?	YES N	0			
IF YES , F	PLEASE LIS	T THEIR N AME	, Address, & Phon	NE:			
WILL ANY	ONE HAVE	ACCESS TO T	HE PREMISES WHILE	YOU ARE G	ONE?	YES	NO
IF YES, V	Vно?						
Any cars	S IN THE DE	RIVE? YES	S NO				
IF YES , F	PLEASE GIV	/E A DESCRIPT	TION AND/OR TIME &	LOCATION:			
			IGHT LIGHTS? YI				
		·	WANT TO BE NOTIFIE				res no
SIGNATURE				DATE OF REQUEST:			
UNIT#_					SECURIT	Y #:	
DATE	TIME	OFFICER	SECURE OR NOT	DATE	TIME	OFFICER	SECURE OR NOT
				<u> </u>			