SELINSGROVE POLICE DEPARTMENT

REQUEST FOR RESIDENTIAL SECURITY CHECK

PREMISES:	
HOME ADDRESS:	
OCCUPANT (REQUESTOR) NAME:	TELEPHONE NUMBER: ( ) -

DESTINATION/CONTACT INFORMATION:			
DEPARTURE DATE:	DEPARTURE TIME:	RETURN DATE:	RETURN TIME:
LOCATION STAYING:		LOCAL CONTACT NUMBER WHILE ON TRIP: ( ) -	

ALARM MONITORING:	
PREMIS MONITORED BY ALARM COMPANY: ☐ YES ☐ NO	NAME OF ALARM COMPANY:

EMERGENCY CONTACT / KEYHOLDER(S) / PERSON(S) MONITORING PREMISES:		
NAME OF PESON WITH KEY (EMERGENCY CONTACT #1):	TELEPHONE NUMBER: ( ) -	DOES THIS PERSON HAVE A KEY: ☐ YES ☐ NO
STREET ADDRESS:	CITY:	ZIP:
NAME OF PESON WITH KEY (EMERGENCY CONTACT #2):	TELEPHONE NUMBER: ( ) -	DOES THIS PERSON HAVE A KEY: ☐ YES ☐ NO
STREET ADDRESS:	CITY:	ZIP:

VEHICLE(S) ON PREMISES:				
YEAR:	MAKE:	MODEL:	LICENSE PLATE NO:	LOCATION ON PROPERTY:
YEAR:	MAKE:	MODEL:	LICENSE PLATE NO:	LOCATION ON PROPERTY:

MISCELLANEOUS INFORMATION:

LIGHTS ON INSIDE PREMIS:
☐ YES ☐ NO / ☐ AUTOMATIC ☐ CONSTANT / Location of light(s): _____

ANIMAL(S) INSIDE PREMIS:
☐ YES ☐ NO / TYPE: _____

OTHER PERTINENT INFORMATION:

_____

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_____

I, the undersigned, do hereby grant and reqeust that the Selinsgrove Borough Police Department visually check upon the property listed above. I, the undersigned, do hereby agree to hold harmless the Selinsgrove Police Department, its employees, officers and/or agents from any claim for personal injury, loss or damage to the property that may be suffered by the undersigned, through any action or lack of action thereof, by a representative of the Selinsgrove Police Department. Further, I, the undersigned, understands and agrees that this is a voluntary, free service and does not create a special duty upon the Selinsgrove Police Department and will be provided only as time is available, and no guarantee is made nor assurance given against loss, theft or damage to the premises.

_____ _____

SIGNATURE OF REQUESTOR DATE REQUEST SUBMITTED