BELGRADE POLICE DEPARTMENT

Thomas B. Quaw Square
91 East Central Ave.
Belgrade Montana

Dustin Lensing
Chief of Police

REQUEST FOR SECURITY

Date: ___/___/___

Departure Date: ___/___/____ Return Date (MANDATORY):____/____/____

Name: _____

Phone: _____

Address:_____

Destination: _____

Type of Building:

- Residence
- Business: _____
- Other: _____

Security System: _____

Automatic Lights: ____ If yes, Location: _____

Have keys been left with anyone? _____ If yes, Name: _____

Address: _____ Phone:_____

Will anyone have permission to enter Property:_____

- If yes, Name: _____ Phone:_____

  Address: _____

In case of emergency, who do you wish to be called first? _____

- If yes, Name: _____ Phone:_____

I, _____, request a security check to be conducted on my property and agree to notify the Belgrade Police Department upon my return. I understand that this request in no way guarantees that my property will be safe from vandalism or burglary but simply provides the Belgrade Police Department with my whereabouts and other pertinent information in the event a crime should occur.

Signature: _____ Date: ___/___/____