

RECEIVED BY: _____

DATE: _____ TIME: _____

Frederick County Sheriff's Office

REQUEST FOR SECURITY CHECK

NAME: _____ ADDRESS: _____

PHONE: _____ DIRECTIONS: _____

REASONS FOR REQUEST: (Explain) _____

DEPARTURE DATE: _____ RETURN DATE: _____ DESTINATION: _____

RESIDENCE: _____ BUSINESS: _____ SECURITY SYSTEM? NO ___ YES ___

AUTOMATIC LIGHTS? NO ___ YES ___ IF YES, LOCATION: _____

HAVE KEYS BEEN LEFT WITH ANYONE? NO ___ YES ___ PHONE NUMBER: _____

IF YES, NAME: _____ ADDRESS: _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? NO ___ YES ___ IF YES, NAME: _____

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? NO ___ YES ___ C/O NAME: _____ ADDRESS: _____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO NOTIFY YOU OF MY RETURN.

SIGNED: _____ DATE: _____

DEPUTY'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES IS SECURE OR OTHERWISE	DEPUTY'S NAME

Dear Resident:

This security check service in no way guarantees that your property will be safe from vandalism or burglary, but merely provides the Sheriff's Office with information of your whereabouts and other pertinent facts if a crime should occur.