Plainwell Department of Public Safety

Request for Security Check

Address: Name: Telephone No.:

Departure Date: Return Date:

Probable Route of Trip:

Type of Premises: ☐ Residence ☐ Business ☐ Other

Is anyone to be at or on the premises while you are absent? ☐ Yes ☐ No

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

Name: Phone:

I request a security check be made of my premises and agree to notify the department of my return.

Signed: Date of Request:

OFFICER'S SECURITY CHECK REPORT

Date	Time	State if Premises Were Secure or Other	Officer's Initials