MIDDLETOWN POLICE DEPARTMENT VACANT HOUSE CHECK

POST NO ADDRESS	TIME	IDENTIFIER	IR NO		
NAME	PHONE				
DEPARTURE DA	PHONE RE DATE RETURN DATE AN ALARM. SYSTEM IF YES, NAME OF COMPANY PREMISES RESIDENCE BUSINESS OTHER				
IS THERE AN A	LARM. SYSTEM	IF YES, NAME (OF COMPANY		
TYPE OF PREM	ISES RESIDENCE_	BUSINE	SSOTHE	R	
				ON?	
DO THEY HAVE	EAKEY?	DO YOU HAVE A	A TIMER IN OPERATI	ON?	
WILL ANY VEH WILL ANYONE IF YES, LIST NA	BE WORKING AT	THE DRIVEWAY?OR HAVE ACCESS TO	PREMISES DURING	YOUR ABSENCE?	
		U WISH TO BE NOTIFII	ED BY A COLLECT C	ALL?	
C/0 NAME					
		PHONE			
I REQUEST A SI	ECURITY CHECK F	BE MADE OF MY PREM	IISES AND AGREE TO	O NOTIFY YOU OF MY	
RETURN.			DATE OF REOL	JEST	
Tab 1 o Ta 1.	DATE OF REQUEST (SIGNATURE)				
	OFFIC	CER'S SECURITY CHE	============ CK REPORT		
DATE T	IME STATE	IF PREMISES WERE S	ECURE OR OTHER*	OFFICER'S INITIALS	
♦IE DDEMICEC V		OR EMIDENCE OF FO		NT CTATE IE VOI	
	CHECKED PREMIS	O OR EVIDENCE OF FO SES. IF YOU FOUND AI			
PATROL OFF	TICER	DATE	CI IDE	RVISOR	