GOSHEN POLICE DEPARTMENT

PO Box 23
Goshen, MA 01032

SECURITY CHECK REPORT

Address _____ Name _____

Request made by _____ Phone _____

Reason for extra patrol: Premises will be vacant _____ Other _____

Type of Premises: Business _____ Residence _____ Other _____

Protected by alarm system? Yes _____ No _____ If yes, type of alarm _____

Name of alarm company: _____ Alarm Co Phone: _____

Lights on? Yes _____ No _____ Constant? Yes_____ No _____ Automatic? Yes _____ No _____

Keys left with anyone? Yes ____ No ____ If yes, Name _____ Relation: _____

Address _____ Phone _____ Purpose: _____

Other persons that will have access to premises (Relatives, workers, neighbors, employees) _____

In case of emergency, do you wish to be notified by collect call? Yes ____ No ____ C/O Name _____

Address _____ Phone ( ) _____

I request that a security check be made of my premises from _____ to _____

and I will notify the department upon my return.

Signed _____ Date of request _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMIESE SECURE ✓ (IF NOT, STATE TYPE REPORT FILED / ACTION TAKEN)	OFFICER'S SIGNATURE