AUBURN POLICE DEPT
55 Eaton Hill Rd, Auburn, NH
Tel: (603) 483-2134 Fax: (603) 483-2013

Site #: _____

Case #: _____

Request for Security Check

Name: _____ Address: _____

Departure Date: _____ Time: _____ am ☐ pm ☐ Return Date: _____ Time: _____ am ☐ pm ☐

Contact phone/address where you can be reached: _____

Timed Lights? Yes ☐ No ☐ When? _____ Where? _____

Type of Home: Single Family ☐ Two-Family ☐ Multi-Family ☐ Condo/Townhouse ☐

Have keys been left to anyone? No ☐ Yes ☐ If yes, please fill out information on next line:

Name: _____ Address: _____ Tel#: _____

Will anyone have access to the premise while you're away? No ☐ Yes ☐ If yes, please indicate who, below:

Name: _____ Address: _____ Tel#: _____

Vehicles left in Driveway: Make_____ Model_____ Year_____ Plate # _____

Make_____ Model_____ Year_____ Plate # _____

Person to contact in case of emergency:

Name:_____ Address:_____ Phone#_____

Name:_____ Address:_____ Phone#_____

Name:_____ Address:_____ Phone#_____

I request a security check of my home, and I agree to notify you immediately upon my return:

Signature: _____ **Date of Request:** _____

Taken By: _____

Officer's Security Check Reports

Date	Time	State if premise was secure. If not, explain actions taken:	Ini./ ID #