VILLAGE OF MONROE POLICE DEPARTMENT

PREMISES SECURITY CHECK

Name:_____ Address:_____

Home Telephone:_____ Cell Phone:_____

Email address:_____

Departure Date:_____ Return Date:_____

Where can we contact you in case of emergency?_____

_____.

Will the keys to the residence be left with anyone? _____ YES _____NO.

Name and address of key holder_____

Telephone # of Key holder:_____ Cell phone #:_____

Will anyone have access or be working about the premises during your absence? Yes or No – If yes than who?_____

Is the house alarmed? Yes or No – If yes give name and phone number of alarm company:_____

I request the Village of Monroe Police Department to conduct a physical check of my residence and property during the above dates.

Signed:_____Date:_____

Date	Time	Premise Secure	Officer