INDEPENDENCE TOWNSHIP POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK/VACATION WATCH FORM

FORM # _____

Name of Homeowner: _____

Address: _____

Phone: _____

Departure Date: _____ Return Date: _____

Location of Trip: _____

Type of Premises Residence ☐ Business ☐ Other ☐

Who will have access to your residence during your absence: _____

What will they be doing?: _____

_____

Phone: _____ Do they have keys? Yes ☐ No ☐

Additional Notes _____

_____

_____

_____

_____

OFFICERS SECURITY CHECK REPORT

Date	Time	State if Premises was clear or other*	Officer's initials

*If premises was unsecure or evidence of forced entry are present, state if you entered and checked premises. If you found any evidence of vandalism or theft, make a separate report.

OFFICERS SECURITY CHECK REPORT – CONT'D.

Date	Time	State if Premises was clear or other*	Officer's initials