ITHACA POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK

NO. _____ C&R NO. _____

ADDRESS _____ NAME _____ PHONE _____

DEPARTURE DATE _____ RETURN DATE _____

PROBABLE ROUTE OF TRIP _____

TYPE PREMISES: RESIDENCE ☐ BUSINESS ☐ OTHER ☐ _____

HAVE KEYS BEEN LEFT WITH ANYONE: YES ☐ NO ☐

IF YES, NAME _____ ADDRESS _____ PHONE# _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES ☐ NO☐

IF YES, NAMES _____

_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES☐ NO☐

C/O NAME _____ ADDRESS _____ PHONE _____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO NOTIFY YOU OF MY RETURN.

SIGNED _____ DATE OF REQUEST _____

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OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER*	OFFICER'S INITIALS

*IF PREMISES WERE UNSECURE OR EVIDENCE OF FORCED ENTRY PRESENT STATE IF YOU ENTERED AND CHECKED PREMISES. IF YOU FOUND EVIDENCE OF VANDALISM OR THEFT MAKE SEPARATE REPORT.

PLEASE RETURN TO CITY OF ITHACA POLICE DEPARTMENT, 120 E. CLINTON STREET OR CORNELL'S OFFICE OF COMMUNITY RELATIONS, 110 DAY HALL.