

## LARCHMONT POLICE DEPARTMENT

## REQUEST FOR SECURITY CHECK OF PREMISES

- AD	DRESS:				
• DE	DEPARTURE DATE: RETURN DATE:				
• OV	VNER :	PHONE			
• TY	PE OF PREMISES:	□ RESIDENCE □BUSINESS □OTHER			
• HA	<ul> <li>HAVE KEYS BEEN LEFT WITH ANYONE? ☐ NO ☐YES</li> </ul>				
	o NAME				
o ADDRESS:PHONE					
<ul> <li>WILL ANYONE BE WORKING OR HAVE ACCESS TO PREMISES? ☐ NO ☐YES</li> </ul>					
	o ADDRESS:	PHONE			
• AL	ARM COMPANY IN				
		PHONE			
• CO	NTACT PERSON				
		PHONE			
• IN		NCY DO YOU WISH TO BE NOTIFIED? ☐ NO ☐YES			
	o CELL PHONE	:OTHER PHONE:			
abse		the above described premises, do hereby request a security check be move defined time period, and agree to notify the Larchmont Police Department.  Date:			
DATE	TIME	CONDITION OF PREMISES			
			OFFICER		



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