

## BOROUGH OF ALBURTIS POLICE DEPARTMENT

260 FRANKLIN STREET P.O. BOX 435 ALBURTIS, PENNSYLVANIA 18011-0435

ADMINISTRATIVE 610-966-4778 FAX 610-965-5517 EMERGENCY 911

**Chief Robert Palmer** 

## REQUEST FOR SECURITY CHECK

(Information in boxes will be completed by department personnel)

ATE & TIME RECEIVED IN OFFICE:			INCII	INCIDENT #	
Name:		· · · · · · · · · · · · · · · · · · ·			
Address	s:				
Home Phone Number:			Cell Phone Number:		
Departure Date:			Return Date:	Return Date:	
Type of	Premise	s: Residence () B	usiness: () Other:		
Will any	one have	e access to premises?	: YES () NO ()		
Name o	f person(	s) having access:			
Address	s:			·	
Home F	hone Nu	mber:	Cell Phone Numbe	r:	
Other In	nformatio	n regarding property:			
1 reques	st a secu	rity check of my premi	ses and agree to notify	you of my return:	
Signed	:		Date:		
DATE	TIME	State of Property Co	ndition	Officer's Initials	
			·		
			· · · · · · · · · · · · · · · · · · ·		
	<del> </del>				