

SECURITY CHECK REQUEST
SOUTHERN REGIONAL POLICE DEPARTMENT

See Instructions at the bottom of this form

Address: _____ Name: _____

Request made by: _____ Phone: _____

Reason for Extra Patrol: Premises will be vacant Other: _____

Type Premises: Business Residence Other: _____

Protected by: Alarm System Yes No Automatic Yes No
Lights On: Yes No Constant: Yes No Automatic Yes No

Keys Left With Anyone? Yes No

If Yes, Name _____ Address _____ Phone # _____

Name(s) of other persons that will have access to premises (Relatives, Workers, Neighbors, Employees)

In case of emergency, do you wish for someone to be notified by a telephone call? Yes No

Contact Name: _____ Address: _____ Phone # _____

I hereby request that a security check be made of my premises from _____ to _____
and that I will notify SRPD upon my return.

Signed _____ Date of Request: _____

This form can be filled in on your computer or printed and filled in by hand. Please complete this form, print and sign it, and bring or mail it to:

Southern Regional Police Department
47 E. High St.
New Freedom, PA 17349

This form may also be submitted without signature via email. Save it on your computer and send as an attachment to an email addressed to: info@srbpd.us