



Town of Felton
FELTON POLICE DEPARTMENT

REQUEST FOR SECURITY CHECK

Name _____

Home Phone _____ Cell Phone _____

Address _____

Type of Premises: Residence Business Other _____

Departure Time / Date: _____

Return Time / Date: _____

Probable Route of Trip: _____

Have Keys Been Left With Anyone? Yes No

If Yes, Name(s) _____ Phone _____

Will Anyone Be Working or Have Access to Premises? Yes No

If Yes, Name(s) _____

In Case of Emergency, How Do You Wish to Be Contacted?

Cell Phone at: _____ (cell phone number)

Collect Call at: _____ (phone number)

Local Call at: _____ (phone number)

Any Additional Notes: _____

**I Request a Security Check be Made of My Premises
and Agree to Notify You of My Return.**

Signed _____ Date _____