PLAINSBORO TOWNSHIP POLICE
REQUEST FOR SECURITY CHECK

ADDRESS _____ NAME _____ PHONE # _____

DEPARTURE DATE _____ RETURN DATE _____

TYPE PREMISES: RESIDENCE ☐ BUSINESS ☐ LIGHTS: YES ☐ NO ☐ LOCATION

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, NAME _____ ADDRESS _____ PHONE # _____

HOUSE ALARMED? YES ☐ NO ☐ VEHICLES IN DRIVEWAY? YES ☐ NO ☐ MAKE _____

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

C/O NAME _____ ADDRESS _____ PHONE # _____

DATE OF REQUEST _____

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