

GARDINER POLICE DEPARTMENT



VACANT PROPERTY SECURITY CHECK REQUEST FORM

Date: _____ Incident # _____

Name: _____

Address: _____

Town/State/Zip: _____

Telephone: _____

Departure Date: _____

Return Date: _____

Security System: Y

Automatic Lights: Y

N

N

If Yes, Location: _____

Have keys been left with anyone?: Y N

If Yes, Name: _____

Address: _____

Town/State/Zip: _____

Telephone: _____

Will anyone be working about or have access to your premises during your absence? Y N

If Yes, Name (s): _____

In case of Emergency, do you want to be notified by collect call? Y N

If Yes, Name: _____, Address _____, Telephone _____

I request a security check be made of my premises and agree to notify the Gardiner Police Department upon my return.

Owner's Signature: _____

Date: _____

6 Church Street, Gardiner, Maine 04345

207-582-3211 Fax 207-582-1079