

GARDINER POLICE DEPARTMENT VACANT PROPERTY SECURITY CHECK REQUEST FORM



Chief James M. Toman

Date:			Inc	ident #	
	Name: Address:				
	Town/State/Zip:			_	
	Telephone:				
Departure Date:_		-	Return Date:		
Security System:	Y		Automatic Lights:	Y	
	N			N	
If Yes, Location:					
Have keys been l	eft with anyone?:	Y	N		
If Yes,	Name:				
	Address:				
	Town/State/Zip:				
	Telephone:				
Will anyone be v	vorking about or have access	s to your premises durin	g your absence?	Y	N
If Yes, N	ame (s):				
In case of Emerg	ency, do you want to be not	ified by collect call?	Y	N	
If Yes, Name:		, Address	, T	elephone	
I request a securi	ty check be made of my pre	mises and agree to notif	y the Gardiner Police De	epartment upon r	ny return.
Owner's Signatu	re:		Da	te:	