

**TOWN OF PINE RIDGE
REQUEST FOR SECURITY CHECK**

NAME: _____

ADDRESS: _____

PHONE: _____ EMERGENCY #: _____

DEPARTURE DATE: _____ RETURN DATE: _____

TYPE OF PREMISES: RESIDENCE BUSINESS OTHER

HAVE KEYS BEEN LEFT WITH ANYONE? YES NO

NAME & PHONE : _____

ADDRESS: _____

ALARM SYSTEM: YES NO

ALARM COMPANY/PHONE: _____

WHO CAN RESET THE ALARM?

NAME & PHONE : _____

ADDRESS: _____

WILL LIGHTS BE LEFT ON? NO/YES, WHERE _____

WILL ANY CARS BE LEFT IN THE YARD? YES NO

DESCRIPTION: _____

ARE ANY WINDOWS BROKEN OR ANYTHING THE OFFICER MAY NEED TO KNOW?
