Office Use Only

Security #_____

CFS_____

RESIDENT SECURITY CHECK

NAME_____ADDRESS_____ PHONE_____

DEPARTURE DATE_____RETURN DATE_____

PROBABLE ROUTE OF TRIP _____

TYPE PREMISES: RESIDENCE____BUSINESS_____OTHER_____

HAVE KEYS BEEN LEFT WITH ANYONE? YES_____NO_____

IF YES, NAME_____ ADDRESS_____ PHONE_____

WILL ANONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE?

IF YES, NAME(S) _____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED COLLECT CALL? YES_____ NO _____

C/O_____ PHONE# _____

I REQUEST SECURITY CHECKS BE MADE OF MY PREMISES AND AGREE TO NOTIFY YOU OF MY RETURN.

SIGNED_____ DATE OF REQUEST_____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER	CFS	OFFICER