MADISON TOWNSHIP POLICE REQUEST FOR SECURITY CHECK(S)

	NAME:PHONE:			ADDRESS:	ADDRESS:	
	PHONE:	· · · · · · · · · · · · · · · · · · ·				
	TYPE OF	FPREMIS	SES: RESIDENCE	E () BUSINESS () OTI	HER:	
	DEPARTURE DATE: RET			RETURN DATE:		
	HAVE EXTRA KEYS BEEN LEFT WITH A IF YES, NAME: PHONE:			ADDRESS:		
	WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES () NO () IF YES,					
NAME:ADDRESS:PHONE:						
IN CASE OF EMERGENCY, MADISON TOWNSHIP POLICE SHOULD NOTIFY:					LD NOTIFY:	
NAME:ADDRESS:PHONE:				·		
	CONDU	AM REQUESTING THAT THE MADISON TOWNSHIP POLICE DEPARTMENT CONDUCT A SECURITY CHECK OF MY PREMISES AND AGREE TO NOTIFY THE OLICE DEPARTMENT OF RETURN:				
	SIGNED:			DAT	DATE:	
	OFFICER'S SECURITY CHECK REPORT					
	DATE	TIME	STATUS OF I	PREMISES: SECURE-UNSECURED	OFFICER	
		***		A		
,						