

# BOYKINS POLICE DEPARTMENT REQUEST FOR SECURITY/VACATION CHECK

Name of Owner: \_\_\_\_\_

Address to Check: \_\_\_\_\_

Phone No. at Above Address: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Premises Type:     Home                       Business                       Other

Have keys been left with anyone?     YES             NO

If Yes, Name and Phone No: \_\_\_\_\_

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

YES                       NO

If Yes, Name and Phone No: \_\_\_\_\_

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Will other people be checking the Premises:     YES             NO

If Yes, Name and Phone No: \_\_\_\_\_

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Will lights be left on?     Yes     No     Automatic     Constant

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In case of emergency, do you wish to be notified?     YES             NO

Phone Number **YOU** can be reached at: \_\_\_\_\_

Additional Information:

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**Complete Separate Form for each Security/Vacation Check,**