Burrillville Police Department Request for Residential Security Check

Date:				
Name:				
Address:			Telephone:	
Departure date:	Return date:		Destination:	
CHECK ALL THAT APP	PLY:			
Residence Business_	Security system: Yes	No	Automatic Lights: Yes No	
If yes, location				
Primary Contact:				
Last Name:	First Name:		MI: Phone:	
Does this person have ke	eys to the residence? Yes	No_		
Will anyone be working o	on or have access to the pre	mises du	ring your absence? Yes No	
If yes, Name(s):				
Whom would you like to l	be contacted in case of an e	mergeno	cy?	
Name	Address		Phone	
I request a security che	eck be made of my premise	es for th	e dates listed above.	
Signed:		_ Date: _		
Dear resident,				
This request in no way g	uarantees that your property	will be s	safe from any crime. It provides the	
police department with in	formation of your whereabo	uts and o	other pertinent facts if a crime should	
occur. Every effort will be	e made to patrol the area on	ce a shift	t. Have a safe journey.	
Thank you,				
The Burrillville Police Dep	partment			
Please drop off or mail th	e completed form to:			
Burrillville Police Departn	nent			
1477 Victory Hwy, Oakla	nd RI, 02826			
PO Box 231, Harrisville F	RI, 02830			