



# BOROUGH OF ALBURTIS POLICE DEPARTMENT

260 FRANKLIN STREET  
P.O. BOX 435

ALBURTIS, PENNSYLVANIA 18011-0435

ADMINISTRATIVE 610-966-4778  
FAX 610-965-5517  
EMERGENCY 911

**Chief Robert Palmer**

## REQUEST FOR SECURITY CHECK

(Information in boxes will be completed by department personnel)

DATE & TIME RECEIVED IN OFFICE: _____	INCIDENT # _____
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Type of Premises: Residence (\_\_\_) Business: (\_\_\_) Other: \_\_\_\_\_

Will anyone have access to premises?: YES (\_\_\_) NO (\_\_\_)

Name of person(s) having access: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Other Information regarding property: \_\_\_\_\_

\_\_\_\_\_

I request a security check of my premises and agree to notify you of my return:

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DATE	TIME	State of Property Condition	Officer's Initials