

**KINGSTON POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK**

NAME: _____ ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DEPARTURE DATE: _____ RETURN DATE: _____

TYPE OF PREMISES: _____ (PLEASE CHECK ONE OF THE FOLLOWING)

☐ RESIDENCE ☐ BUSINESS ☐ OTHER

LOCAL EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

PHONE #: _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO THE PREMISES?

☐ YES ☐ NO WHOM: _____

DO YOU HAVE AN ALARM SYSTEM? ☐ YES ☐ NO ALARM CO PHONE # _____

ARE THERE LIGHTS ON TIMERS? ☐ YES ☐ NO

VEHICLES LEFT ON THE PREMISES? ☐ YES ☐ NO

YEAR _____ MAKE _____ MODEL _____ COLOR _____ LIC# & STATE _____

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PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

_____ BROKEN WINDOWS OR SCREENS

_____ MAIL DELIVERY STOPPED

_____ NEWSPAPER DELIVERY STOPPED

I REQUEST A SECURITY CHECK BE MADE OF MY PROPERTY AND AGREE TO NOTIFY THE KINGSTON POLICE DEPARTMENT UPON MY RETURN. I UNDERSTAND THAT HOUSE CHECKS WILL BE PERFORMED AS TIME PERMITS. YOUR SIGNATURE ON THIS FORM RELEASES THE KINGSTON POLICE DEPARTMENT OF ALL LIABILITY OR DAMAGES OCCURRING DURING THIS TIME PERIOD.

SIGNATURE

DATE

Please submit your request 10 days prior to your departure.