Augusta Department of Safety
Security Check, Vacation Home

Please complete and return to the
Augusta Department of Safety, 2100 N. Ohio.

Address:_____ Name:_____

Request made by:_____ Telephone No:_____

Reason for Extra Patrol:_____

Type of Premises: BUSINESS RESIDENCE OTHER_____

Protected by an Alarm System? YES NO (If yes) Type of Alarm:_____

Are any light left on? YES NO Where:_____

If so are they: CONSTANT: YES NO AUTOMATIC: YES NO

Are the house keys left with anyone: YES NO

(If yes) Name:_____ Address:_____

Telephone:_____ Alternate Telephone:_____

Will anyone else have access to the premises, list below (relatives, neighbors, friends)

_____

_____

In an emergency do you wish to be notified by a collect call? YES NO

If so where can you be reached: Name:_____

Address:_____ Telephone_____

I the below signed request that a security check be made of my premises from

_____ Until _____

And I will notify the Augusta Department of Safety immediately upon my return.

Signed:_____ Date:_____

Date	Start	Finish	Status	Officer	Date	Start	Finish	Status	Officer