



OVERBROOK POLICE DEPARTMENT

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REQUEST FOR SECURITY CHECK

NAME: _____ DATE: _____

PHONE NUMBERS TO BE REACHED AT: _____

ADDRESS: _____

DESTINATION: _____

DEPARTURE DATE: _____ RETURN DATE: _____

SECURITY SYSTEM: YES [] NO [] DESCRIPTION: _____

AUTOMATIC LIGHTS: YES [] NO []
(IF YES, WHAT ARE THE ON/OFF TIMES?) _____

LOCAL CONTACT INFORMATION

NAME: _____ TELEPHONE: _____

WILL THE LOCAL CONTACT HAVE A KEY? YES [] NO []

WILL ANYONE BE WORKING AT OR HAVE ACCESS TO THE PREMISES DURING YOUR
ABSENCE? YES [] NO [] IF YES, REASON: _____
NAME AND NUMBER: _____

DO YOU WANT TO BE CONTACTED IN CASE OF AN EMERGENCY? YES [] NO []
(IF YES, GIVE CONTACT INFORMATION) _____

ADDITIONAL INFORMATION: _____

HAVE A SAFE TRIP!