

BELLEVILLE POLICE DEPARTMENT

REQUEST FOR RESIDENTIAL/BUSINESS SECURITY CHECK FORM



PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION REQUESTED ON THIS FORM EXCEPT FOR SIGNATURE AND THE DEPARTMENT USE ONLY SECTIONS. USE N/A OR NONE IF THE BOX DOES NOT APPLY.
 YOU MUST FILL OUT A 2ND FORM IF YOU WILL BE GONE MORE THAN 15 DAYS.
 THE PREMISES TO BE CHECKED MUST BE WITHIN THE CITY LIMITS OF BELLEVILLE.

DATE OF REQUEST:	DEPARTURE DATE:	RETURN DATE:		
NAME OF REQUESTOR: (LAST NAME, FIRST NAME MIDDLE NAME)				
ADDRESS OF SECURITY CHECK:		APARTMENT #		
CONTACT NUMBER:				
TYPE OF PREMISE: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER:	IN CASE OF EMERGENCY WHO SHOULD WE CONTACT? (NAME)			
ADDRESS:		CONTACT NUMBER:		
HAVE KEYS BEEN LEFT WITH ANYONE? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" Who →	NAME: <input type="checkbox"/> SAME AS EMERGENCY CONTACT			
ADDRESS:		CONTACT NUMBER:		
NAME OF PERSON(S): A) HAVING ACCESS; B) ALSO CHECKING PREMISES; C) WORKING ON PREMISES: (CHECK ALL THAT APPLY)				
1. A) <input type="checkbox"/> B) <input type="checkbox"/> C) _____	2. A) <input type="checkbox"/> B) <input type="checkbox"/> C) _____			
3. A) <input type="checkbox"/> B) <input type="checkbox"/> C) _____	4. A) <input type="checkbox"/> B) <input type="checkbox"/> C) _____			
WILL THERE BE ANY VEHICLE(S) LEFT ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
YEAR	MAKE	MODEL	COLOR	PLATE #
YEAR	MAKE	MODEL	COLOR	PLATE #
WILL THERE BE PETS OR ANIMALS LEFT ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF "YES" SPECIFY:	
ANY CAUTION(S) REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" SPECIFY:				
WILL THERE BE LIGHTS LEFT ON? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" SPECIFY:				
WILL THERE BE LIGHTS LEFT ON A TIMER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" SPECIFY:				
WILL THERE BE UTILITIES THAT ARE SHUT OFF? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" SPECIFY: <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WATER <input type="checkbox"/> OTHER (SPECIFY):				

