CFS _____

RESIDENCE CHECK

Address: _____ Name: _____ Phone # _____

Date of Departure: _____ Date of Return: _____

Type of Premises: Residence _____ Business _____ Other _____

Have keys been left with anyone? Yes _____ No _____

If yes, Name: _____ Address: _____ Phone # _____

Will anyone be working or have access to the premises? Yes _____ No _____

If yes, names: _____

_____

Are you leaving any lights on? Yes _____ No _____ If yes, where? _____

_____

In case of an emergency, do you wish to be notified by a collect call? Yes _____ No _____

C/O Name _____ Address _____ Phone # _____

I request a residence check be made of my premises and agree to notify you of my return.

_____ _____

Signature Date

OFFICERS SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER*	INITIALS