CAYUGA HEIGHTS POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK

ADDRESS _____ NAME(s) _____ PHONE# _____

DEPARTURE DATE _____ RETURN DATE _____

EMERGENCY CONTACTS:

#1 _____ PHONE# _____ KEY _____

#2 _____ PHONE# _____ KEY _____

CHPD KEY _____ ALARM _____ KNOX BOX _____ Spillman Premises I.D. #_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED _____?

C/O NAME _____ ADDRESS _____ PHONE# _____

RECEIVED BY _____ DATE _____ TIME _____

SPECIAL INSTRUCTIONS OR INFORMATION

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OFFICER"S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER	OFFICER'S INITIALS