NEW HAMPTON POLICE DEPARTMENT

Request for Security Check

Owner Name:	Telephone:
Dates Requested From	n/To:
Street Address:	
	d Description of Residence:
	EMERGENCY CONTACTS
1) Owner, Address, Ph	none #:
2) Caretaker Name, Ph	none #:
3) Other Keyholder, Pl	hone #:
(Sp	WHO ELSE IS AUTHORIZED TO BE ON THE PROPERTY? Decify relationship to property owner; description of vehicles, plate #, color)
1)	
2)	
DO YOU HAVE AN	ALARM? YES NO Monitoring Company & Phone #:
ARE ANY LIGHTS	ON TIMERS? YES NO Locations:
PROPERTY MAINT	TENANCE? List type of maintenance (plowing, gardening, etc) and name, phone #:
	ADDITIONAL INFO: (Use reverse side if needed.)
the New Hampton Pol	oes NOT guarantee that your property will be safe from vandalism or burglary, but provides ice Department with information to contact the responsible persons should the need arise. Department of any changes in the above information and/or if an extension is needed.
Signature	Date