

Red Bud Police Department
VACATION SECURITY CHECK REPORT

ADDRESS _____ NAME _____

REQUEST MADE BY _____ PHONE _____

PREMISE TYPE: RESIDENCE () OTHER () _____

PROTECTED BY ALARM SYSTEM? YES () NO () IF YES, WHAT TYPE OF ALARM _____

LIGHTS ON: YES () NO () CONSTANT: YES () NO () AUTOMATIC: YES () NO ()

IF YES, WHAT ROOM(S): _____

KEYS LEFT WITH ANYONE? YES () NO ()

IF YES, NAME _____ ADDRESS _____ PHONE _____

WILL ANYONE BE IN HOME CARING FOR PLANTS, PETS, ETC.? YES () NO ()

IF YES, WHEN _____

OTHER PERSONS THAT WILL ACCESS PREMISES _____

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY PHONE CALL YES () NO ()

C/O NAME _____ ADDRESS _____ PHONE _____

REQUEST SECURITY CHECK FROM _____ TO _____

OFFICER TAKING REQUEST _____ DATE OF REQUEST _____

Fill out the information requested and return to City Hall 200 East Market Street, Red Bud, IL 62278

NOTICE: ALL RESIDENTS REQUESTING THIS SECURITY CHECK MUST NOTIFY THE POLICE DEPARTMENT UPON THEIR RETURN.

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE (if not, state problem and action)	OFFICER #

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