BUTLER POLICE DEPARTMENT - REQUEST FOR SECURITY CHECK

ADDRESS .			
NAME			. PHONE #
DEPARTURE	DATE	RETURN DATE	
PROBABLE P	OUTE OF TRIP		
TYPE PREMIS	SES RESIDENC	E BUSINESS OTHER D	
HAVE KEYS E	BEEN LEFT WITH AI	NYONE? YES \(\text{NO} \)	
IF YES, NAME			
ADDRESSPHONE #			
WILL ANYON	E BE WORKING AB	BOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE?	YES NO 🗆
IF YES. NAME	ES		
		OU WISH TO BE NOTIFIED BY COLLECT CALL? YES NO 🗆	
C/O NAME .			
ADDRESSPHONE #			PHONE #
		CK BE MADE OF MY PREMISES AND AGREE TO NOTIFY YOU OF	
BOROUGH OF BUTLER OR THEIR AGENT TO TAKE WHATEVER ACTION DEEMED NECESSARY TO SECURE THE PREMISES.			
SIGNED DATE OF REQUEST			
	1 1	OFFICER'S SECURITY CHECK REPORT	
DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER*	OFFICER'S INITIALS
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		IE OR EVIDENCE OF FORCED ENTRY PRESENT, STATE IF YOU ENTE F VANDALISM OR THEFT MAKE SEPARATE REPORT.	RED AND CHECKED PREMISES. IF
RETURNED (DATE	SIGNED	