## **Plainwell Department of Public Safety**

## **Request for Security Check**

Address:		Name:		Telep	phone No.:
Departure Date	:		Return Da	nte:	
Probable Route	of Trip:				
Type of Premise	es:  Resid	ence Is anyone	to be at or on the premi	ses while you are	□ Yes □ No
Jr.	☐ Busin ☐ Other	absent?	r		
I request a secur	rity check be made of Signed:	f my premises and agr	ee to notify the departm	ent of my return.  Date of Reques	t:
		People at resid	lence while you are ou	t of town and phone n	umber
			OFFICER'S SECURITY CHECK REPORT		
Date	Time	St	State if Premises Were Secure or Other		Officer's Initials
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Please return to: Plainwell Public Safety, 119 Island Ave, Plainwell 49080 - 269-685-9858