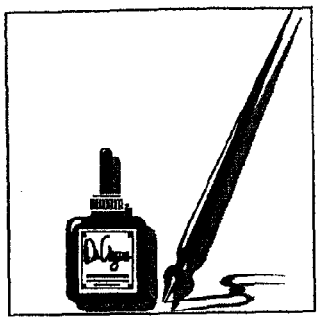

TOWN OF BRANT POLICE
1294 BRANT NO. COLLINS
549-4040 / 549-3600
FAX; 549-0623

REQUEST FOR SECURITY CHECK

ADDRESS_____ NAME_____ PH#_____

DEPARTURE DATE_____ RETURN DATE_____

LIGHTS_____ VEHICLES_____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES_____YES _____NO

IF YES,NAMES_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL?___YES___NO

C/O NAME_____ ADDRESS_____ PH#_____

I REQUEST SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO NOTIFY THE POLICE DEPT. UPON MY RETURN. SIGNED_____ DATE_____

O F F I C E R S S E C U R I T Y C H E C K R E P O R T

DATE	INITIALS	DATE	ININTIALS	DATE	INITIALS	DATE	INITIALS

OUT OF THE ORDINARY OBSERVANCES TO BE LISTED ON BACK OF THIS SHEET W/ DATE.