Logan Police Department
50 S.Mulberry St Logan Ohio 43138 740-385-6866
HOUSE/BUSINESS CHECK SECURITY REQUEST
(Print out, after filled out drop off at Logan PD)

NAME								
ADDRESS								
CITY				*STATE*				
PHONE #				*DATE OF REQUEST*				
DATE LEAVING				*DATE RETURNING*				
CIRCLE ONE	*VACATION*	*VACANT*	*OTHER (DESCRIBE)*					
TYPE OF PREMISES	*RESIDENCE*	*BUSINESS*	*OTHER (DESCRIBE)*					
ALARM	*YES*	*NO*	*ALARM CO & PHONE #*					
LIGHTS BURNING	*YES*	*NO*	*ON TIMER*	*CONSTANT*				
IF YES, WHERE	*PORCH*	*LIVING ROOM*	*BEDROOM(S)*	*KITCHEN*	*OTHER:*			
MAIL/NEWSPAPERS	*FORWARDED*	*STOPPED*	*PICKED UP*					
VEHICLES PARKED	*YES*	*NO*	*DESCRIPTION/PLATE #*					
LOCATION	*GARAGE*	*DRIVEWAY*	*OTHER:*					
ANY DOGS IN OR OUTSIDE	*YES*	*NO*	*LOCATION*					
ANYONE HAVE ACCESS TO PREMISES DURING ABSENCE	*YES*	*NO*	*NAME & PHONE #*					
HAS KEYS BEEN LEFT WITH ANYONE	*YES*	*NO*	*NAME & PHONE #*					
DO YOU WISH TO BE NOTIFIED IN CASE OF EMERGENCY	*YES*	*NO*	*C/o NAME & PHONE # & ADDRESS*					
	FAILURE TO NOTIFY THIS DEPARTMENT ON YOUR RETURN MAY RESULT IN FUTURE REQUESTS BEING DENIED.							
SIGNATURE								

DO NOT MARK IN SHADED AREA	**DATE**	**TIME**	**OFF.**	**DATE**	**TIME**	**OFF.**	**DATE**	**TIME**	**OFF.**
REMARKS									