RIVERTON
POLICE
DEPARTMENT

Request for Security Check

ADDRESS TO BE PATROLLED	N	AME OF (OCCUPANT
TELEPHONE NUMBER (HOME)	DATE OF DEPART	URE	DATE OF RETURN (*)
TYPE OF PREMISES: RESIDENCE [] BUSS WILL LIGHTS BE LEFT ON DURING YOUR ABS			
WILL KEYS BE LEFT WITH ANYONE?	NAME:		TELEPHONE:
WILL ANYONE BE ABOUT OR INSIDE T	HE PROPERTY DURI	NG YOUR A	ABSENCE? YES [] NO []
ME:			
IN CASE OF AN EMERGENCY, DO YOU V	WANT TO BE CONTAC	CTED BY A	A COLLECT CALL? YES [] NO []
C/O NAME:	TEI	EPHONE:	
			MISSION TO CHECK ANY PERSON THAT IS FOUND TO
BE ON MY PROPERTY DURING MY ABSENCE PERIO			
		*	ABOVE, WITHOUT MY PERMISSION. FURTHERMORE,
I ACKNOWLEDGE THAT THIS REQUEST WILL EXPIR	RE UPON THIRTY (30) DAY	S OF REQUES	T, UNLESS OTHERWISE REQUESTED OR CONTINUED.
SIGNATURE OF APPLICANT		DATE C	OF REQUEST