

FORT RECOVERY POLICE DEPARTMENT  
RESIDENCE SECURITY CHECK

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

VACATION FROM: \_\_\_\_\_ TO \_\_\_\_\_

DEPARTURE TIME OF DAY: \_\_\_\_\_

RETURN TIME OF DAY \_\_\_\_\_

NAME AND PHONE NUMBER OF  
KEY HOLDER OR CONTACT PERSON:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

LOCATION OF LIGHTS THAT WILL BE  
LEFT ON AND TIME THEY WILL TURN ON

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

ADDITIONAL INFORMATION:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_