

## Augusta Department of Safety Security Check, Vacation Home

Address:						_ Name:				
Request made by:							_ Telephone No:			
Reason	for Extra	Patrol:_								
Type of Premises: BUSINESS RESIDENCE OTHER										
Protected by an Alarm System? YES NO (If yes) Type of Alarm:										
Are any	light left	on?	YES N	IO Wh	ere:					
If so are they: CONSTANT: YES NO AUTOMATIC: YES NO										
Are the house keys left with anyone: YES NO										
(If yes) Name: Address:										
Telephone: Alternate Telephone:										
Will any	one else	have acc	ess to the	e premise	es, list be	low (relat	ives, neig	ghbors, fr	iends)	
In an emergency do you wish to be notified by a collect call? YES NO										
If so wh	ere can y	ou be rea	ached: Na	ame:						
Address: Telephone										
I the below signed request that a security check be made of my premises from										
				Un	itil					
And I w	ill notify th	ne Augus	ta Depart	tment of S	Safety im	mediately	upon m	y return.		
Signed:						Date:				
Date	Start	Finish	Status	Officer	Date	Start	Finish	Status	Officer	