

Carthage Police Department

Security Check Report

RESIDENTS NAME _____

PHYSICAL ADDRESS _____

MAILING
ADDRESS _____

REQUEST MADE BY _____

PHONE _____

REASON FOR EXTRA PATROL ☐ PREMISE WILL BE VACANT ☐ OTHER _____

TYPE PREMISES: ☐ BUSINESS ☐ RESIDENCE OTHER _____

PROTECTED BY ALARM SYSTEM ☐ YES ☐ NO

LIGHTS ON: ☐ YES ☐ NO AUTOMATIC: ☐ YES ☐ NO

KEYS LEFT WITH ANYONE YES ☐ NO ☐

IF YES, NAME _____

ADDRESS _____ PHONE _____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, Workers,
Neighbors, Employees)

IN CASE OF ANY EMERGENCY , WHO DO YOU WISH TO BE NOTIFIED:

NAME _____

ADDRESS _____ PHONE _____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM

_____ TO _____ ,

AND I WILL NOTIFY THE CARTHAGE POLICE DEPARTMENT UPON MY RETURN.

SIGNED _____

DATE OF REQUEST _____

****Please print this form, fill it out completely and deliver it to the front desk at the Carthage Police Department at 4396 US Hwy 15-501 or mail to P.O. Box 236 Carthage, N.C. 28327.**