SPRINGFIELD POLICE DEPARTMENT

130 S. Laurel Street - Springfield, GA 31329 (912) 754-3061

SECURITY CHECK REQUEST

Name:	Address:
Request made by:	Phone#:
Reason for Extra Patrol Premise will be vac	ant Other
Type: ☐ Business ☐ Residence ☐ Oth	ner
Protected by Alarm? If so, Alarm	Co
Any Lights left on? If so, where	
Automatic Lights?	Keys left with anyone?
Name(s):	Phone#:
Other person(s) that will have access to premise:	
Name(s):	Phone#:
In case of an emergency, do you wish to be notifi	ed by a COLLECT CALL?
Name of Place/Person Staying	Phone#:
I request that a security check be made of my preto Upon my return,	
Signed_	Date:
Date Time Premises Secure?	Officer Signature