	Office Use Only		
Security #			
CFS			

## RESIDENT SECURITY CHECK

NAME	_ADDRESS	PHON	E	
DEPARTURE DATE	RETURN DATE			
PROBABLE ROUTE OF TRIP				
TYPE PREMISES: RESIDENCEE				
HAVE KEYS BEEN LEFT WITH ANYO	ONE? YESN	0		
IF YES, NAME	ADDRESS_		PHONE	
WILL ANONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE?				
IF YES, NAME(S)			· · · · · · · · · · · · · · · · · · ·	
IN CASE OF EMERGENCY DO YOU	WISH TO BE NOTIFIED COI	LLECT CALL? YES NO _		
C/O	PHONE#			
I REQUEST SECURITY CHECKS BE MADE OF MY PREMISES AND AGREE TO NOTIFY YOU OF MY RETURN.				
SIGNED		DATE OF REQUEST		

## OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER	CFS	OFFICER