COMPLAINT #:_____

DARK HOUSE SHEET

DATE LEAVING_____ DATE RETURNING_____

ADDRESS:_____ NAME:_____

REQUEST MADE BY:_____ PHONE:_____

TYPE OF PREMISES: RESIDENCE [ ] BUSINESS [ ] OTHER_____

ALARM SYSTEM: YES [ ] NO [ ] IF YES, TYPE OF ALARM_____

KEYS LEFT WITH ANYONE: YES [ ] NO [ ]

IF YES: NAME_____ADDRESS_____PHONE:_____

OTHER PERSONS WHO WILL HAVE ACCESS TO PREMISES:

_____.

_____.

VEHICLES LEFT OR PERMITTED ON PREMISES:

_____.

IN THE EVENT OF AN EMERGENCY, DO YOU WISH TO BE NOTIFIED BY:

CELL PHONE CALL [ ] COLLECT CALL [ ] NEITHER [ ] CALL (NAME)_____

C/O NAME:_____PHONE_____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES DURING THE ABOVE DATES I HAVE LISTED AT THE TOP OF THIS FORM. I WILL NOTIFY THE BUCHANAN POLICE UPON MY RETURN.

SIGNED:_____ DATE OF REQUEST:_____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATUS OF PREMISES	OFFICER