Complaint
No. _____

OTTAWA COUNTY SHERIFF DEPARTMENT

REQUEST FOR SECURITY CHECK

Address _____ Name _____ Phone No. _____

Departure Date _____ Return Date _____

Probable Route of Trip _____

Type Premises ☐ Residence ☐ Business ☐ Other_____

Have Keys Been Left With Anyone? ☐ Yes ☐ No

If Yes, Name _____ Address _____ Phone No. _____

Will Anyone Be Working About or Have Access to Premises During Your Absence? ☐ Yes ☐ No

If Yes, Names _____

_____

Special Information (i.e. Vehicles left on Property, Alarms, Hazards, Lights, Etc.) _____

_____

In Case of Emergency, Do You Wish to be Notified By Collect Call? ☐ Yes ☐ No

C/O Name _____ Address _____ Phone No. _____

I Request a Security Check 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*	OFFICER'S INITIALS

*** If premises were unsecured or evidence of forced entry present, state if you entered and checked premises. If you found any evidence of vandalism or theft, make separate report.**