



BELLEVILLE POLICE DEPARTMENT

REQUEST FOR RESIDENTIAL/BUSINESS SECURITY CHECK FORM



PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION REQUESTED ON THIS FORM EXCEPT FOR SIGNATURE AND THE DEPARTMENT USE ONLY SECTIONS. USE N/A OR NONE IF THE BOX DOES NOT APPLY.
YOU MUST FILL OUT A 2ND FORM IF YOU WILL BE GONE MORE THAN 15 DAYS.
THE PREMISES TO BE CHECKED MUST BE WITHIN THE CITY LIMITS OF BELLEVILLE.

DATE OF REQUEST:	DEPARTURE DATE:	RETURN DATE:
NAME OF REQUESTOR: (LAST NAME, FIRST NAME MIDDLE NAME)		
ADDRESS OF SECURITY CHECK:		APARTMENT #
CONTACT NUMBER:		
TYPE OF PREMISE: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER:	IN CASE OF EMERGENCY WHO SHOULD WE CONTACT? (NAME)	
ADDRESS:		CONTACT NUMBER:
HAVE KEYS BEEN LEFT WITH ANYONE? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" Who →	NAME: <input type="checkbox"/> SAME AS EMERGENCY CONTACT	
ADDRESS:		CONTACT NUMBER:
NAME OF PERSON(S): A) HAVING ACCESS; B) ALSO CHECKING PREMISES; C) WORKING ON PREMISES: (CIRCLE ALL THAT APPLY)		
1. _____ A / B / C	2. _____ A / B / C	
3. _____ A / B / C		4. _____ A / B / C
WILL THERE BE ANY VEHICLE(S) LEFT ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
YEAR	MAKE	MODEL
COLOR	PLATE #	
YEAR	MAKE	MODEL
COLOR	PLATE #	
WILL THERE BE PETS OR ANIMALS LEFT ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" SPECIFY:		
ANY CAUTION(S) REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" SPECIFY:		
WILL THERE BE LIGHTS LEFT ON? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" SPECIFY:		
WILL THERE BE LIGHTS LEFT ON A TIMER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" SPECIFY:		
WILL THERE BE UTILITIES THAT ARE SHUT OFF? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" SPECIFY: <input type="checkbox"/> GAS		
<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> WATER	<input type="checkbox"/> OTHER (SPECIFY):

