



Pulaski Police Department

RESIDENTIAL SECURITY CHECK REQUEST

The Pulaski Police Department offers a residential security check service for residents that will be away from their property for an extended period of time. Please complete the following request as completely and accurately as possible in order to allow us to provide for the best proactive patrol service possible.

Requestor's Full Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Alternate Telephone Number: _____

Departure Date: _____ Return Date: _____

Will lights be left on in the premises? Yes/No

If yes, describe any locations where lights will be left on: _____

Alarm System in Home: Yes/No

Will keys be left with anyone? Yes/No

If yes, Name: _____ Phone Number: _____

If yes, Name: _____ Phone Number: _____

If yes, Name: _____ Phone Number: _____

In case of an emergency, damage, vandalism, unsecure premises, or other concern, who would you like contacted? Owner/Other

If other, Name: _____ Phone Number: _____

Have you suspended mail, newspaper and other delivery services? Yes/No

Vehicles left at residence in garage/driveway:

Year: _____ Make: _____ Color: _____ Plate #: _____

Year: _____ Make: _____ Color: _____ Plate #: _____

Any Additional Comments: _____

