Sheriff's Department

McDonough County

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Security & Vacation Check

Date of Request_____

Address_____Name_____Phone #_____

Departure Date_____Return Date_____

Type premises: Residence_____ Business_____ Other_____

Have keys been left with anyone? Yes_____ No_____

If yes, Name_____Address_____Phone #_____

Will anyone be working about or have access to premises during your absence? Yes____ No____

If yes, Name_____

In case of emergency do you wish to be notified by collect call? Yes_____ No_____

C/O Name_____Address_____Phone #_____

Officer's Security Check Report

Date	Time	State if Premises Were Secure or Other*	Officer's Initials

*If premises were unsecure 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