



Lake City Police Department

Cory Kubista, Chief

Bill Weist, Sergeant

Matt Klees, Investigator

REQUEST FOR RESIDENTIAL SECURITY CHECK

Date of Request: _____ ICR # _____

Name: _____ Phone # _____

Address: _____

Departure Date: _____ Return Date: _____

Will premises be occupied at any time during your absence? Yes No

Do they have keys for the premises? Yes No

Name: _____

Address: _____

Do you have alarms at the premises? Yes No

What Alarm Company do you have? Name: _____

Address: _____

Do you have night lights? Yes No

What time are they set for? _____

Do you have a furnace alarm? Yes No

Do you have pets on the premises? Yes No

Who do you wish to have contacted in case of an emergency?

Name: _____ Phone # _____

Address: _____

I understand I am required to contact the Lake City Police Department in person or by phone upon my return.

Signature: _____ Date: _____

Comments: _____
