Fuquay-Varina Police Department
Security Check Request Form

Please print this form upon completion. Fax, bring in, or mail to:

Fuquay-Varina Police Department
114 North Main Street
Fuquay-Varina, NC 27526

Address: _____Name:_____

Phone #:_____ Depart Date:_____ Return Date:_____

Type of Premises: Residence Business Other

Have the keys been left with anyone? Yes No

If yes, Name _____Address _____ Phone_____

Will anyone be working at or have access to the premises during your absence? Yes No

If yes, Name(s) _____

I request a security check be made of my premises and agree to notify you of my return.

Signed_____ Date:_____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	SECURE OR OTHER	OFFICER'S INITIALS