

Ogdensburg Police Department
Security Check Report

Date: _____ Name: (Last, First Middle Initial) _____

Address (No., Street, City) _____

Phone No. _____ Reason for extra patrol _____

Type Premises (Residence, Business, other) _____

Alarm System (Yes/No) _____ Alarm Type _____

Lights on (Yes/No) _____ Constant (Yes/No) _____ Automatic (Yes/No) _____

Keys left with anyone (Yes/No) _____ Name: _____

Address: _____ Phone: _____

Anyone who will have access to the premises, (relative, visitors, workers, neighbors, employess) _____

Other pertinent information (cars in the driveway) _____

In case of an emergency do you wish to be notified by collect/cell call: (Yes/No) _____

Name _____ Phone _____

Address _____

I request a security check be made on my premises as described above From _____

To _____ and will notify the Ogdensburg Police Department upon my return.

Signature _____ Date _____

Additional remarks _____

**Drop off the completed form to
OGDENSBURG POLICE DEPARTMENT
14 Highland Ave. Ogdensburg, NJ 07439
or mail to
Ogdensburg Police Department
PO Box 45 Ogdensburg, NJ 07439**