



# POLICE DEPARTMENT

## Village of Wappingers Falls

INCORPORATED 1871

2628 South Avenue, Wappingers Falls, NY 12590



MICHAEL J. CAPRA  
Commissioner of Police

(845) 297-1011  
Fax: (845) 298-0819

### REQUEST FOR SECURITY HOUSE CHECK

COMPLAINT NO# \_\_\_\_\_

ADDRESS \_\_\_\_\_ NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_ RETURN DATE \_\_\_\_\_

TYPE PREMISES: RESIDENCE \_\_\_\_\_ BUSINESS \_\_\_\_\_ OTHER \_\_\_\_\_

HAVE KEYS BEEN LEFT WITH ANYONE \_\_\_\_\_

IF YES, NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES  
DURING ABSENCE \_\_\_\_\_ IF YES, NAMES \_\_\_\_\_

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT  
CALL \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO  
NOTIFY YOU OF MY RETURN:

SIGNED x \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

### OFFICERS SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER	OFFICER INITIALS