

BOROUGH OF ALBURTIS POLICE DEPARTMENT

260 FRANKLIN STREET P.O. BOX 435 **ALBURTIS, PENNSYLVANIA 18011-0435**

Chief Tony Alsleben

ADMINISTRATIVE 610-966-4778 FAX 610-965-5517 EMERGENCY 911 EMAIL police@alburtis.org www.alburtispd.org

REQUEST FOR SECURITY CHECK

(Information in boxes will be completed by department personnel)

DATE & TIME RECEIVED IN OFFICE:				INCIDENT #		
Name:						
Address	s:					
Home P	Home Phone Number:			Cell Phone Number:		
Departu	Departure Date:			Return Date:		
Type of Premises: Residence () Business: () Other:						
Will any	one have	e access to premises?	: YES () NO	D ()		
Name of person(s) having access:						
Address:						
Home Phone Number: Cell Phone Number:						
Other In	formatio	n regarding property:				
l reques	st a secur	ity check of my premis	ses and agree to	notify you of my	/ return:	
Signed: Date:						
DATE	TIME				Officer's Initials	
DATE		State of Property Co				