



CITY OF WATERLIET POLICE DEPARTMENT

#2 15TH Street Watervliet, NY 12189
518-270-3833



Start Date: _____ **End Date:** _____

Address to be checked: _____

Name of Owner or Requestor: _____

Type of Premise: Residence Business

Have the keys been left with anyone? Yes No

If so their name and address: _____

Will anyone be doing work on the premise? Yes No

Worker's name and phone number: _____

Is security lighting being left on? Yes No Inside Outside

Do you request emergency notification call if there is a problem at you premise? Yes No

Name and phone number of the person you would like notified:

Any other information you would like to provide that you feel would be helpful:

Note: In case you are leaving now, this request may not be added to our list until the next working day of the Administrative Office. Checking the premise depends on the work load of the Platoon. This check is not meant for a long duration of time or an occupied building.

I request a security check of my premise and agree to notify the Police Department upon my return.

Signed: _____

Date: _____