BINGEN-WHITE SALMON POLICE DEPARTMENT
PO Box 1369, 170 N.W. Lincoln, White Salmon, WA 98672
509-493-1177 Fax: 509-493-1007

Security Check Form

Case Number: _____

Name: _____ Address: _____ Phone: _____
Departure Date/Time: _____ Return Date/Time: _____
Possible Route of Trip: _____
Type of Premises: Residence [ ] Business [ ] Other [ ] _____
Keys Left With Anyone?: Yes [ ] No [ ]
Name of Person(s): _____
Address: _____ Phone: _____

Anyone Working At or Having Access to Premises?: Yes [ ] No [ ]
Name of Person(s): _____
Address: _____ Phone: _____

Request For Emergency Collect Call?: Yes [ ] No [ ]
Phone Number: _____

I hereby request a security check of my premises and agree to notify the Bingen-White Salmon Police Depart upon my return on: (date/time): _____

Signed: _____ Date/Time: _____

OFFICER'S SECURITY CHECK REPORT

Date	Time	Premises Secure or Otherwise	Officer Initials

State if premises unsecure, evidence of forced entry, if entered/checked premises.
Separate reports are necessary for Burglary, Theft, or Malicious Mischief.