



**FISHER
POLICE
DEPARTMENT**

*100 E. School St.
PO Box 61
Fisher, IL 61843
217-897-1184 (office)
217-897-6152 (fax)*

Security Check Request

Address: _____

Name: _____

Contact Phone Number: _____

Departure Date: _____

Arrival Date: _____

Type of Premises: Residence or Business

Have keys been left with anyone? Yes or No

If Yes, Name: _____

Address: _____

Phone Number: _____

Will anyone be at premises during your absence? Yes or No

If Yes, Name(s): _____

I hereby request a security check be made of my premises and agree to notify the police department upon my return.

Signature

Date

