

# Osage Police Department

432 Main Street, Osage, IA 50461-1439

Chief of Police  
Brian J. Wright



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## *Request for Security Check*

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Dates of Absence \_\_\_\_\_ Type of Premise \_\_\_\_\_

Have keys been left with anyone?    Yes    No    If yes, please give name, address and phone

\_\_\_\_\_

Any other contacts in case of emergency? \_\_\_\_\_

\_\_\_\_\_

Will anyone be working about or have access to premises during your absence?    Yes    No

If yes, please name \_\_\_\_\_

\_\_\_\_\_

Any other special instructions? (Ex. Lights on timers, furnace light, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request a security check be made of my premises and agree to notify you of my return.

Signed \_\_\_\_\_

Date \_\_\_\_\_