## KETCHUM POLICE REQUEST FOR SECURITY CHECK

NAME:		ADDRESS:		
DESCRIPT	ION OF PROF	PERTY		
DEPARTURE DATE:		RETURN DATE: _	RETURN DATE:	
PHONE #:		OUT OF TOWN O	OUT OF TOWN CONTACT #:	
TYPE OF PREMISE: RESIDENCE BUSINESS OTHER				
HAVE KEYS BEEN LEFT WITH ANYONE? YES NO				
IF YES, NAME:		ADDRESS:	PHONE#:	
WILL ANYONE HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES NO				
NAME:		PHONE# :		
OFFICER'S SECURITY CHECK REPORT				
DATE	TIME	PREMISES SECURE?	OFFICER	
PROVIDE THIS FOR ANY DAM DEPARTMENT ATTEMPT TO I SECURITY OF	S SERVICE AS OF MAGE, LOST OR S' S ARE NOT RESP DO SO. THE DEPA THE PROPERTY.	**DISCLAIMER** ETCHUM POLICE DIVISION AND THE BLAINE COUN TEN AS POSSIBLE, WITHIN THEIR AVAILABILITY AN TOLEN PROPERTY, OR ANY OTHER CLAIM RELATED ONSIBLE TO SECURE WINDOWS OR DOORS IF FOUN ARTMENTS ARE MERELY PROVIDING A COMMUNIT' BY SIGNING THIS, YOU AGREE TO THESE TERMS. Y CHECK TO BE MADE OF MY PREMIS	D RESOURCES. THEY CANNOT BE HELD LIABLE D TO THE PROVISION OF THIS SERVICE. THE D OPEN, BUT WILL MAKE A REASONABLE Y SERVICE AND CANNOT GUARANTEE THE	
MY RETUR	RN.			
SIGNATURE:		DATE	DATE OF REQUEST:	