Milton Police Department

7 Town House rd, Milton NH 03851

Milton Police Department Security Check Form

Dates of requested check from: _____to_____

Name: _____ **Address:** _____

Reason for request: _____

Type of Building: ☐ Business ☐ Residence ☐ Other

Security Alarm: ☐ Yes ☐ No ☐ Connected to Strafford County Dispatch

Lights on: ☐ Yes ☐ No On a timer ☐ Yes ☐ No

Who will have access to the residence while you are gone: _____

_____

Types of vehicles that will be left in the yard:

1._____ 2._____

3._____ 4._____

Emergency contact information (phone number, address or location of stay):_____

_____

Officer`s security check report

[Date] [Time] [Details of building Secured/Unsecured] [Officers Signature]

_____

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_____

[Date] [Time] [Details of building Secured/Unsecured] [Officers Signature]