

GEORGETOWN POLICE DEPARTMENT

Residential Security Check Request Form

Last Name _____ First _____ Middle _____

Location of Security Check _____

Date Leaving _____ Date Returning _____

Emergency Contact Name/Address/Phone _____

Alarm company Name/Phone _____ Lights on Timer ? Y or N

Cars Present _____ Animals Present _____

Housekeeper, Caretaker, or Other Persons Authorized on Premises _____

Key Location _____

Special Notes _____

I request security checks of my property between dates listed above. I understand and agree that members of the Georgetown police department may enter my property for security purposes and to make sure property is secure. I acknowledge that the City of Georgetown and the Georgetown Police Department are providing the "Security Check" Program as a public service and for no compensation. I acknowledge that the City of Georgetown and the Georgetown Police Department may, in their sole discretion, terminate this service at any time. I understand that the Georgetown Police Department, or their representatives, will check my property / residence periodically, subject to their availability, **for a period not to exceed two weeks from the resident's departure date.** I also understand that the Georgetown Police Department cannot provide constant protection of my property / residence. Neither the City of Georgetown, nor the Georgetown Police Department assume any liability in the event of theft, loss or damage to personal or real property in or around my residence. By requesting this security check, I understand and agree that neither the City of Georgetown nor the Georgetown Police Department assume liability with the "Security Check" Program.

Requestor's Printed Name

Requestor's Signature

****No faxed or email copies accepted (for resident's protection)**

Rec by: _____ Date/Time Received