VILLAGE OF PLEASANTVILLE - POLICE DEPARTMENT

CC#_____

DARK HOUSE REQUEST

ADDRESS_____ NAME_____ PHONE #_____

DEPARTURE DATE_____ RETURN DATE_____

PROBABLE ROUTE OF TRIP_____

TYPE OF PREMISE: RESIDENCE_____ BUSINESS_____ OTHER_____

HAVE KEYS BEEN LEFT WITH ANYONE? YES_____ NO_____

IF YES, NAME_____ ADDRESS_____ PHONE #_____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING ABSENCE? _____

IF YES, NAMES_____ PHONE # _____

NAME_____ PHONE #_____ NAME_____ PHONE #_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES_____ NO_____

NAME_____ ADDRESS_____ PHONE #_____

I REQUEST A SECURITY CHECK MADE OF MY PREMISES AND AGREE TO NOTIFY YOU OF MY RETURN.

SIGNED_____ _____ DATE OF REQUEST _____

With receipt of this dark house check request, the Village of Pleasantville Police Department will endeavor checking your house to the fullest extent. However, due to manpower, work load and fiscal constraints, the Police Department may not be able to investigate your house during your absence on a regular basis. You are therefore advised to take all necessary precautions to secure your house and possessions against intrusion during your absence.

DARK HOUSE CHECK

DATE	TIME	OFFICER	REMARKS