

FULTON COUNTY SHERIFF'S OFFICE

2712 STHWY 29, JOHNSTOWN, NY 12095 | (518) 736-2100 | Fax (518) 736-2126

REQUEST FOR SECURITY CHECK

OWNER'S NAME: _____

911 ADDRESS: _____

HOME PHONE: _____ BUSINESS: _____

DEPARTURE DATE: _____ RETURN DATE: _____

OWNER VEH PLATE NBR: _____ OTHER: _____

EMERGENCY
NOTIFICATION: _____ TELEPHONE _____

ADDRESS: _____ CITY: _____

Will anyone be working of have access to the premises during your absence? YES: ___ NO: ___

If yes NAME: _____ ADDRESS: _____

PHONE #: _____ BUSINESS #: _____

TYPE OF PREMISES: RESIDENCE: _____ BUSINESS: _____ OTHER: _____

TYPE OF BUILDING: ___ CAMP ___ Small ___ Large TRAILER: _____ OTHER: _____

E911 ADDRESS: _____

DETAILED LOCATION: _____ MILES ___ FEET FROM: _____

ROAD/HIGHWAY /STREET.

SIDE OF ROAD: _____ COLOR: _____ GARAGE: YES ___ NO ___

OTHER INFORMATION: _____

ALARM: ___ YES: ___ NO: TYPE: _____

LIGHTS: ___ YES: ___ NO: LOCATION: _____

TIMER: ___ AM ___ PM

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGRESS TO NOTIFY THE FULTON COUNTY SHERIFF'S OFFICE UPON MY RETURN.

REPORT MADE BY: _____

HOW: ___ IN PERSON ___ LETTER ___ TELEPHONE

OFFICER RECEIVING REPORT: _____

TIME: _____ DATE: _____ CASE #: _____

CANCEL DATE: _____ TIME: _____ OFFICER: _____