Black Diamond Police Department
25510 Lawson Street / PO Box 309
Black Diamond, WA 98010
(253) 631-1012 ~ Fax (360) 886-2901

RESIDENTIAL SECURITY CHECK REQUEST

Name: _____

Address: _____

Contact Phone Numbers: _____

Departure Date: _____ Return Date: _____

Lights: (Inside) ☐ On ☐ Off **Sensor Lights**: ☐ Yes ☐ No **Timers**: ☐ Yes ☐ No

Alarm: ☐ Yes ☐ No **Alarm Co. Name & Phone No.**: _____

Vehicles at Residence:

Type: _____ Color: _____
Type: _____ Color: _____

Animals (dogs/cats) left at residence? ☐ yes ☐ no (Inside) (Outside)

Persons with permission to be on premises:_____
_____
_____

Do you want to be called collect in case of an emergency? ☐ Yes ☐ No Phone:_____

I hereby authorize the Black Diamond Police Department access to the above premises and property. I also will notify the Black Diamond Police Department when I return.

Signature: _____ **Date:** _____

DATE	TIME	STATE CONDITION OF PREMISES	INITIAL