PLAISTOW POLICE DEPARTMENT
SECURITY CHECK LIST

NAME _____ ADDRESS _____ PHONE _____

DEPARTURE DATE _____ RETURN DATE _____

LOCATION OF TRIP _____

KEYS LEFT WITH _____
NAME ADDRESS PHONE #

SUBJECT WORKING ON OR AROUND PREMISES? _____

_____

LIGHTS ON TIMERS _____
TIME ON TIME OFF

VEHILES LEFT IN DRIVEWAY _____

_____

DATE	TIME	STATE IF SECURED OR YOUR FINDINGS	OFFICER