

**Laconia Police Department**  
**Notice of Residence/Business Security Check**

Below please find a list of the dates and times your premises was checked while you were away. We hope you find everything in order, however, if you find a discrepancy, please notify us immediately. Thank you for this opportunity to serve you.

Date	Time	Condition	Off.	Date	Time	Condition	Off.

\*\* If premises were not secured, or evidence of forced entry were present, state whether or not you entered and checked premises. If you found evidence of vandalism or theft, make a separate report.

Call # \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Premises: \_\_\_\_\_ Keys left with anyone? \_\_\_\_\_

If yes, who? \_\_\_\_\_ Phone # \_\_\_\_\_

Local party to be called in case of emergency: \_\_\_\_\_

Are there alarms in building? \_\_\_\_\_ Are there cars on property? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Are any lights left on? \_\_\_\_\_ Are they on a timer? \_\_\_\_\_

Service people to be contacted: \_\_\_\_\_

In case of emergency, do you wish to be contacted via collect call? \_\_\_\_\_

c/o Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_