

## TOWN OF KIRKLAND POLICE DEPARTMENT

2 New Street | P.O. Drawer B, Clark Mills, NY 13321 Phone: (315) 853-2924 | Fax: (315) 852-5275

## Request for Premises Check

Daniel J. English Chief of Police

GENERAL INFORMATION		
Person Requesting/Owner:		
Address:		
Phone:		
Dates of Requested Premises Check:	to	
Reason for Request:  Vacation I Vacant	Property I D Other (specify	y):
PREMISES INFORMATION		
Will lights be left on:   Yes I  No  No	tion Lights: □ Yes I □ No	Timed Lights:  □ Yes I  □ No
Specify Location:		
Alarm System:  Ves I  No Alarm Com	pany:	Phone:
Alarm Type: Registered	with Town of Kirkland: D	es I 🗆 No
Vehicle(s) on Premises:  Ves I  No		
Specify (make, model, color):		
Is anyone allowed or expected to be at the p	oremises (relatives, contrac	tors): □ Yes I □ No
If yes, specify:		
Additional Comments:		
Emergency Contacts		
Name:	Name:	
Phone:	Phone:	
Relationship:	Relationship:	

Keys to access premises:  $\Box$  Yes I  $\Box$  No

Keys to access premises: □ Yes I □ No