

POLICE DEPARTMENT

Chief of Police  
Brian V. Pesce  
  
Administration  
Capt. Shawn R. Mount  
  
Operations  
Lt. Matt L. Crowell



Township of Bordentown  
1 Municipal Drive  
Bordentown, New Jersey 08505  
(609) 298-4300  
Fax: (609) 298-1061

**REQUEST FOR SECURITY CHECK**

NO. \_\_\_\_\_

NO. \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Departure Date \_\_\_\_\_

Return Date \_\_\_\_\_

Probable Route of Trip \_\_\_\_\_

Type of Premises: ( ) Residence ( ) Business ( ) Other \_\_\_\_\_

Have keys been left with anyone? ( ) Yes ( ) No

If yes, Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Will anyone be working about or have access to premises during your absence ( ) Yes ( ) No

If yes, Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Animal on Premises ( ) Yes ( ) No Alarm ( ) Yes ( ) No

Alarm Co: \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency do you wish to be notified by a collect call? ( ) Yes ( ) No

C/O Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Request a security check be made of my premises and agree to notify you of my return.

Signed \_\_\_\_\_

Date of Request \_\_\_\_\_

