MARLBORO TOWNSHIP POLICE
REQUEST FOR SECURITY CHECK

Last Name	First Name	☐ Owner ☐ Renter ☐ Other _____	Date of Request

Street Address		Unit #	Check all that apply: ☐ Private Unattached Dwelling ☐ Semi-attached Dwelling ☐ Attached Townhouse ☐ Apartment ☐ Business ☐ Other
City	State	Zip Code	Location Phone # ( ) _____	_____
Development Name if applicable		Section (Internal Use Only)	Specify floor if multi-unit ☐ 1st floor ☐ 2nd floor ☐ 3rd floor
Departure Date	Return Date	Extension Date Request thru Dispatch	

EMAIL ADDRESS:_____

Residence/Business Alarmed ☐ Yes ☐ No If "yes", provide:		Outside Lighting	Inside Lighting
Alarm Company Name	Alarm Company Phone #	☐ timer ☐ steady ☐ none	☐ timer ☐ steady ☐ none
	( ) _____		

Provide Detailed Information

Will anyone be working about the premise? ☐ Yes ☐ No If "yes", provide name(s)

Will anyone be working in or have access to the premise during your absence other than your emergency contacts listed below, if applicable? ☐ Yes ☐ No If "yes", provide name(s)

Will vehicle(s) be left in the garage? ☐ Yes ☐ No If "yes", provide:

Make	Model	Color	License Plate #	Make	Model	Color	License Plate #

Will vehicle(s) be left in the driveway or in front of the location being checked? ☐ Yes ☐ No If "yes", provide

Make	Model	Color	License Plate #	Make	Model	Color	License Plate #

Emergency Information

Will there be a local Emergency Contact? ☐ Yes ☐ No	Name	Phone #	Key or Entry Access
		( )	☐ Yes ☐ No
		( )	☐ Yes ☐ No

In case of emergency, do you wish to be notified? ☐ Yes ☐ No If "yes" provide phone # (s) (_____) _____ or (_____) _____	Out of Country? ☐ Yes ☐ No collect charges may apply

Signature *	Internal Use Only	Date Submitted	Received by (Badge #)

*Your signature denotes your agreement to the Security Check Waiver FCM015
Please contact our dispatch center 732-536-0100 if you return home early or are extending your return date
Please return this form no earlier than two (2) weeks prior to departure

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