BRIDGEPORT POLICE DEPARTMENT
PATROL DIVISION

SECURITY CHECK REQUEST

CHECK NO_____ DISPATCHER_____

Priority **1** ☐ **2**☐ **3**☐ **Vacation Watch** ☐
OFFICE USE ONLY

NAME OF OWNER: _____

ADDRESS _____

RESIDENT PHONE # _____ MB #_____

DATE BEGIN _____ DATE END _____

TYPE OF PREMISES ___ BUSINESS ___ RESIDENCE ___ OTHER

ALARM SYSTEM YES _____ NO_____

LIGHTS LEFT ON _____ WHERE? _____

ANIMALS LEFT AT LOCATION _____

WHO HAS ACCESS TO PREMISES _____

EMERGENCY CONTACT PERSON _____

PHONE # FOR EMERGENCY CONTACT _____

ADDITIONAL INFORMATION/REASON FOR WATCH:

_____

_____

_____

_____

_____

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Name of person contacted: _____
(confirm the address of the location on the security watch)

Was there any property damage done during the time your property was being patrolled by the police department ☐ yes ☐no
If damage, what was damaged?

_____

_____

Did you observe any other suspicious activity while your property was being patrolled by the police department? ☐yes ☐no
If yes describe:

_____

_____

Are you satisfied with the services that that Bridgeport Police Department has provided?
☐yes ☐no

Do you have any other comments or concerns that we need to be made aware of?
☐yes ☐no

_____

_____

WHEN MAKING CONTACT, ADVISE THE PERSON YOUR NAME AND THAT YOU ARE WITH THE BRIDGEPORT POLICE DEPARTMENT. ADVISE THE INDIVIDUAL THAT THEIR BUSINESS/RESIDENCE IS BEING TAKEN OFF THE SECURITY WATCH LIST AND IF ANY FURTHER ASSISTANCE IS NEEDED TO CONTACT US.

Date: _____ Signature: _____
Was contact made with the property owner? ☐yes ☐no

Date: _____ Signature: _____
Was contact made with the property owner? ☐yes ☐no

Date: _____ Signature: _____
Was contact made with the property owner? ☐yes ☐no