



WINTHROP MARSHAL'S OFFICE SECURITY CHECK

ADDRESS _____ TYPE OF PREMIS _____

NAME _____ PHONE _____

DEPARTURE DATE _____ RETURN DATE _____

Destination(s) _____

KEY HOLDER _____ ADDRESS _____ PHONE _____

LIST OF PEOPLE WHO HAVE ACCESS TO PROPERTY

NAME _____ PHONE _____

NAME _____ PHONE _____

IN CASE OF EMERGENCY WOULD YOU LIKE A CALL? YES ___ NO ___

IF YES WHERE CAN WE REACH YOU? _____

IF YOU DO NOT WANT TO BE NOTIFIED WE WILL NOTIFY THE KEY HOLDER ONLY!!!!

I REQUEST THAT THE WINTHROP MARSHALS OFFICE MAKE PERIODIC SECURITY CHECKS OF THE PROPERTY AT THE ABOVE ADDRESS DURING MY ABSENCE. I HEREBY AUTHORIZE ANY ASSIGNED OFFICER OF THE WINTHROP MARSHALS OFFICE TO ENTER AND CONDUCT ANY INSPECTION NESSESSARY TO INSURE PROTECTION OF SUCH PROPERTY. I AGREE TO NOTIFY YOUR OFFICE OF MY RETURN.

SIGNATURE _____ DATE _____

OFFICER SECURITY CHECK

DATE	TIME	RESULT	OFFICER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____