



MARLBORO TOWNSHIP POLICE

REQUEST FOR SECURITY CHECK

Last Name		First Name		<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Other		Date of Request
Street Address			Unit #		Check all that apply: <input type="checkbox"/> Private Unattached Dwelling <input type="checkbox"/> Semi-attached Dwelling <input type="checkbox"/> Attached Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Business <input type="checkbox"/> Other Specify floor if multi-unit <input type="checkbox"/> 1 st floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/> 3 rd floor	
City	State	Zip Code	Location Phone # (____) _____			
Development Name if applicable			Section (Internal Use Only)			
Departure Date	Return Date		Extension Date	Request thru Dispatch		

Residence/Business Alarmed <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", provide:		Outside Lighting		Inside Lighting	
Alarm Company Name		Alarm Company Phone # (____) _____		<input type="checkbox"/> timer <input type="checkbox"/> steady <input type="checkbox"/> none		<input type="checkbox"/> timer <input type="checkbox"/> steady <input type="checkbox"/> none	

Provide Detailed Information							
Will anyone be working about the premise? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", provide name(s)							
Will vehicle(s) be left in the garage? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", provide							
Make	Model	Color	License Plate #	Make	Model	Color	License Plate #

Emergency Information			
Will there be a local Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Phone # ()	Key or Entry Access <input type="checkbox"/> Yes <input type="checkbox"/> No
		()	<input type="checkbox"/> Yes <input type="checkbox"/> No
In case of emergency, do you wish to be notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" provide phone # (s) () _____ or () _____			Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> 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