



RESIDENCE SECURITY CHECK

TOWN OF RUSTON, POLICE DEPARTMENT
5117 N. WINNIFRED STREET, RUSTON, WA 98407, 253-761-0272

Date: _____

Case #: _____

Owner's Name: _____

Address: _____

General information:

Lights: Lights On Set On Timer

Keys: Left with Responsible Person:

Name of Responsible person: _____ Phone #: _____

Persons Permitted on Property: 1. _____

2. _____

List any Vehicles left at property: 1. _____

License # Year Make Model Color

2. _____

License # Year Make Model Color

3. _____

License # Year Make Model Color

Any animals left at property: Yes No: _____

If Yes, Please Explain/Describe

Additional Information: _____

I (we) request the Ruston Police Department to check our residence apartment business, while we are away from _____ to _____. I (we) authorize the Police Department and their authorized representatives to enter upon our property to physically check the security at said location and take the appropriate action necessary to safeguard my (our) property.

I (we) hold the Town of Ruston, and the Ruston Police Department, or any of the police department's authorized representatives harmless from any damages or loss of property that may occur while they are involved in their official duties in order to protect my (our) property.

