

POBox297 1000 E Frontage Rd. Kalama, WA 98625

Phone: (360) 673-2165

HOUSE/BUSINESS CHECK REQUEST

Address						
Addicas						
Last Name		First Name			Middle Name	
Last Name		rii St Naiile			Wildule Name	
Date of Birth		Hama Dhana	. 4		Cell Phone #	
Date of Birth		Home Phone #		Cell Filotie #		
Email Address						
Email Address						
Reason for Extra Patrol						
[] Vacant Premise						
Type of Premise	[] Other:					
	f 1Desidence	_	I J Oth - m			
[] Business	[] Residenc		[] Other:			
Alarm System?	Alarm Compa	any Name		Alarm Con	npany Phone #	
[]Yes []No						
Lights Left On?	If yes, specify which lights will be left on.					
[]Yes []No						
Keys Left with Anyone?	If yes, name?			Key Holder Phone #		
[]Yes []No						
Other Persons That Will Have Access to Premises? (Relatives, Workers, Neighbors, Employees)						
Emergency Contact Name		Pr	Primary Phone #		Secondary Phone #	
Alternate Emergency Contact Name		Pr	Primary Phone #		Secondary Phone #	
Additional Information or Requests						
Departure Date			Return Date			
Please notify our office of your return by calling 360.672 2165 or by omail at kandstaff@kalamanalica.com						
Please notify our office of your return by calling 360-673-2165 or by email at kapdstaff@kalamapolice.com.						

Signed:	Date:
Zioneu.	Date.