



KALAMA POLICE DEPARTMENT
PO Box 297
535 N. 1st Street
Kalama, WA 98625
Phone: (360) 673-2165

HOUSE/BUSINESS CHECK REQUEST

Address		
Last Name	First Name	Middle Name
Date of Birth	Home Phone #	Cell Phone #
Email Address		
Reason for Extra Patrol		
<input type="checkbox"/> Vacant Premise	<input type="checkbox"/> Other:	
Type of Premise		
<input type="checkbox"/> Business	<input type="checkbox"/> Residence	<input type="checkbox"/> Other:
Alarm System?	Alarm Company Name	Alarm Company Phone #
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lights Left On?	If yes, specify which lights will be left on.	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Keys Left with Anyone?	If yes, name?	Key Holder Phone #
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Persons That Will Have Access to Premises? (Relatives, Workers, Neighbors, Employees)		
Emergency Contact Name	Primary Phone #	Secondary Phone #
Alternate Emergency Contact Name	Primary Phone #	Secondary Phone #
Additional Information or Requests		
Departure Date	Return Date	

Please notify our office of your return by calling 360-673-2165 or by email at kapdstaff@kalamapolice.com.

Signed: _____ Date: _____