# STOCKBRIDGE POLICE DEPARTMENT

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DARRELL G. FENNELLY, CHIEF OF POLICE


## SECURITY CHECK REQUEST FORM

| | |
|---|---|
| ADDRESS: | REPORT # |
| Name: | |
| Telephone: | |
| Date of Departure: | Date of Return: |
| Type of Premise: Residence: | Business: |
| Key Holder: | Phone: |
| Address: | |

| Date | Time | Status of Premise | Officer Int. |
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