Bruce E. Hall
CHIEF OF POLICE
732-536-0100 Ext. 1459

DIVISION OF POLICE
Township of Marlboro
1979 Township Drive
Marlboro Township, NJ 07746
732-536-0100
Fax: 732-972-7522

SECURITY CHECK WAIVER

The acknowledger, being a duly authorized person to request a Police Security Check, understands that the purpose of the Police Security Check is to identify residences that are vacant and to increase police surveillance and security during the period of vacancy. Residences, which are vacant, will be checked by the police as time permits. It is understood that the Township of Marlboro does not assume responsibility for the home and that the Township will not provide twenty-four hour police protection. It is also understood that the Township of Marlboro and the Division of Police make no representations of warranties as to the results of the Police Security Check. Security Checks of a residence are not routinely approved for time periods in excess of 21 days. Pre-approval from the Marlboro Township Police will be required for any request for a security check longer than 21 days. Please contact the Patrol Watch Commander at (732)536-0100 prior to submitting any request for a security check in excess of 21 days.

Per Marlboro Township Police Department policy PAD046, house check forms will only be accepted by township residents and are not intended to be used by realtors or banks to secure vacant/foreclosed houses.

The acknowledger authorizes the Police to enter the residence if any of the following conditions exist:

A.   There is an unlocked/broken door/window or other mode of entry is found or reported.

B.   A burglar alarm or fire alarm has been activated at the residence.

C.   The Police Officer(s) has/have reasonable cause to believe that there has been an unlawful entry.

D.   Utility damage that may require shutting off water, gas, or electricity in order to prevent further damage to property or to prevent continuation of an unsafe condition.

E.   Any other condition found by the Police Officer(s), which give reasonable cause to believe that there is an unsafe condition.

I have read the information contained in the request for a Police Security Check and understand its terms. I also agree to hold the Township of Marlboro, Division of Police, and any other agents, employees, or designated persons, harmless for any damage resulting from an entry to the residence being made pursuant to this waiver and consent.

By Signing the Request for Security Check Form (FCM015A), you are agreeing to the above conditions.

MARLBORO TOWNSHIP POLICE
REQUEST FOR SECURITY CHECK

Last Name	First Name	☐ Owner ☐ Renter ☐ Other _____	Date of Request

Street Address		Unit #	Check all that apply: ☐ Private Unattached Dwelling ☐ Semi-attached Dwelling ☐ Attached Townhouse ☐ Apartment ☐ Business ☐ Other
City	State	Zip Code	Location Phone # (_____) _____	
Development Name if applicable		Section (Internal Use Only)	_____
Departure Date	Return Date	Extension Date Request thru Dispatch	Specify floor if multi-unit ☐ 1st floor ☐ 2nd floor ☐ 3rd floor

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Residence/Business Alarmed ☐ Yes ☐ No If "yes", provide:		**Outside Lighting**	**Inside Lighting**
Alarm Company Name	Alarm Company Phone #	☐ timer ☐ steady ☐ none	☐ timer ☐ steady ☐ none
	(_____) _____		

Provide Detailed Information

Will anyone be working about the premise? ☐ Yes ☐ 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? ☐ Yes ☐ No If "yes", provide name(s)

Will vehicle(s) be left in the garage? ☐ Yes ☐ 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? ☐ Yes ☐ No If "yes", provide

Make	Model	Color	License Plate #	Make	Model	Color	License Plate #

Emergency Information

Will there be a local Emergency Contact? ☐ Yes ☐ No	Name	Phone #	Key or Entry Access
		( )	☐ Yes ☐ No
		( )	☐ Yes ☐ No

In case of emergency, do you wish to be notified? ☐ Yes ☐ No If "yes" provide phone # (s) (_____) _____ or (_____) _____	Out of Country? ☐ Yes ☐ 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

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