

SECURITY CHECK REPORT

ADDRESS _____ NAME _____

REQUEST MADE BY _____ PHONE _____

REASON FOR EXTRA PATROL Premise will be vacant other _____

TYPE PREMISES: BUSINESS RESIDENCE OTHER _____

PROTECTED BY ALARM SYSTEM YES NO IF YES TYPE ALARM _____

LIGHTS ON: YES NO CONSTANT YES NO AUTOMATIC YES NO

KEYS LEFT WITH ANYONE YES NO

IF YES, NAME _____ ADDRESS _____ PHONE _____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, Workers, Neighbors, Employees)

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES NO

C/O NAME _____ ADDRESS _____ PHONE _____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM _____ TO _____ AND WILL NOTIFY UPON MY RETURN.

SIGNED _____ DATE OF REQUEST _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE ✓ (if not state type report filed or action taken)	OFFICER'S SIGNATURE

If needed additional dates continued on Page _____