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 _____