SECURITY CHECK REPORT

ADDRESS_____ NAME_____

REQUEST MADE BY _____ PHONE_____

REASON FOR EXTRA PATROL: ☐ Premise will be vacant ☐ OTHER _____

TYPE OF PREMISE: BUSINESS: ☐ RESIDENCE ☐ OTHER_____

PROTECTED BY ALARM SYSTEM: YES ☐ NO ☐ IF YES, TYPE OF ALARM_____

LIGHTS ON: YES ☐ NO ☐ CONSTANT: YES ☐ NO ☐ AUTOMATIC: YES ☐ NO ☐

KEYS LEFT WITH ANYONE: YES ☐ NO ☐

IF YES, NAME _____ ADDRESS_____ PHONE_____

OTHER PERSONS WHO 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 of report filed or action taken)	OFFICER'S SIGNATURE

If additional dates, continued on page _____