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? _____ If yes what type of alarm: _____
Lights on: yes/no _____ Constant: yes/no _____ Automatic: yes/no _____
Keys left with anyone? Yes/no _____
If yes Name: _____ Address: _____
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/action)	Officer's ID

If needed additional dates continued on page _____