SECURITY CHECK REPORT

ADDRESS_____ **NAME**_____

REQUEST MADE BY_____**PHONE**_____

REASON FOR EXTRA PATROL ☐Premise Will Be Vacant ☐Other_____

TYPE OF PREMISES ☐Business ☐Residence ☐Other_____

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 _____

OTHER PERSONS THAT WILL HAVE ACCESS TO THE 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 THE POLICE DEPARTMENT UPON MY RETURN.**

SIGNED_____**DATE OF REQUEST**_____

DATE	**TIME**	**PREMISE SECURE** (IF NOT, ACTION TAKEN OR REPORT FILED)	OFFICER SIGNATURE

IF NEEDED, ADDITIONAL DATES CONTINUED ON PAGE_____