SECURITY CHECK REPORT

ADDRESS _____ NAME _____

REQUEST MADE BY _____ PHONE _____

REASON FOR EXTRA PATROL _____ Premises vacant _____ Other _____

TYPE OF PREMISES _____ Business _____ Residence _____ Other _____

PROTECTED BY ALARM SYSTEM _____
LIGHTS ON _____ Yes _____ No _____ AUTOMATIC _____ Yes _____ No

KEYS LEFT WITH ANYONE _____ Yes _____ No

IF YES, NAME _____ ADDRESS _____

OTHER PERSONS THAT MAY HAVE ACCESS TO THE PREMISES (relatives, workers, etc.)

_____

_____

IN CASE OF AN EMERGENCY, DO YOU WISH TO BE NOTIFIED BY A 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 action taken)	OFFICER