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 _____

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