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)

_____

_____

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 continue on Page _____