SECURITY CHECK REPORT

NAME_____ ADDRESS_____

PHONE NUMBER Home: _____ Cell: _____

REASON FOR EXTRA PATROL? Premise will be vacant ☐ Other_____

TYPE OF PREMISE? Business ☐ Residence ☐ Other_____

PROTECTED BY ALRM 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_____

ADDRESS_____ PHONE_____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, Workers, Neighbors, Employees)

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM_____TO_____
(Date) (Date)

AND WILL NOTIFY UPON MY RETURN.

SIGNED_____ DATE OF REQUEST_____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE ✔ (if not state type report filled or action taken)	OFFICER'S SIGNATURE