SECURITY CHECK REPORT

ADDRESS_____NAME_____

REQUEST MADE BY_____PHONE_____

REASON FOR EXTRA PATROL____ PREMISE WILL BE VACANT _____OTHER_____

TYPE OF PREMISE: BUSINESS___ RESIDENCE___ OTHER_____

PROTECTED BY 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_____

ADDRESS_____PHONE_____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (RELATIVES, WORKERS, FRIENDS, NEIGHBORS, EMPLOYEES)_____

_____

IN CASE OF AN 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 FILLED)	OFFICER'S SIGNATURE