SECURITY CHECK REPORT

Address: _____ Name: _____

Request made by: _____ Phone: _____

Reason for extra patrol: [ ] Premise will be vacant [ ] Other _____

Type of premises: Busines [ ] Residence [ ] Other: _____

Portected by alarm system: Yes [ ] No [ ] If "yes," alarm type: _____

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