SECURITY CHECK REPORT

**ADDRESS**: _____**NAME**_____

**REQUEST MADE BY**_____ _____**PHONE** _____

**REASON FOR EXTRA PATROL** ☐ BUSINESS ☐ RESIDENCE

**PROTECTED BY ALARM** ☐ NO ☐ YES**, ALARM COMPANY**_____

**LIGHTS ON**: ☐ NO ☐YES **CONSTANT**: ☐ NO ☐ YES **AUTOMATIC**: ☐ NO ☐ YES

**KEYS LEFT WITH ANYONE** ☐ NO ☐ YES
IF YES, NAME: _____ADDRESS_____ PHONE_____

NAME: _____ADDRESS_____ PHONE_____

**OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES** (RELATIVES, WORKERS, NEIGHBORS)

NAME: _____ADDRESS_____ PHONE_____
NAME: _____ADDRESS_____ PHONE_____
NAME: _____ADDRESS_____ PHONE_____

**IN CASE OF AN EMERGENCY WHO DO YOU WISH TO BE NOTIFIED?**

NAME: _____ PHONE_____ CELL 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 CHECKED (IF NOT STATE TYPE REPORT FILED OR ACTION TAKEN) | OFFICER'S SIGNATURE |
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ADDRESS:_____ NAME:_____

OFFICER'S SECURITY CHECK REPORT

| DATE | TIME | PREMISES SECURE CHECKED (IF NOT STATE TYPE REPORT FILED OR ACTION TAKEN) | OFFICER'S SIGNATURE |
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