## **SECURITY CHECK REPORT**

NAME	ADDRESS	
PHONE NUM	BER Home: Cell:	
REASON FOR	EXTRA PATROL Premise will be vacant Other	
TYPE PREMIS	E Business Residence Other	
PROTECTED	BY ALRM SYSTEM (Circle) YES NO IF YES, TYPE OF ALARM	
LIGHTS ON (Circle) YES NO CONSTANT (Circle) YES NO AUTOMATIC (Circle) YES NO		
KEYS LEFT W	ITH ANYONE (Circle) YES NO IF YES, NAME	
ADDRESSPHONE		
OTHER PERS	ONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, Workers, Neig	ghbors, Employees)
I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROMTO(Date)  AND WILL NOTIFY UPON MY RETURN.		
SIGNED DATE OF REQUEST		
	OFFICER'S SCURITY CHECK REPORT	
DATE TIN	PREMISES SECURE  ✓ (if not state type report filled or action taken)	OFFICER'S SIGNATURE