SECURITY CHECK REPORT

ADDRESS_____NAME_____

REQUEST MADE BY_____PHONE_____

REASON FOR EXTRA PATROL_____

TYPE OF PREMISES: BUSINESS_____RESIDENCE_____OTHER_____

PROTECTED BY ALARM SYSTEM: YES____NO___ IF YES TYPE OF ALARM_____

LIGHTS ON: YES____ NO_____ CONSTANT: YES___NO___AUTOMATIC_____

ARE KEYS LEFT WITH ANYONE?: YES____ NO____

IF YES, NAME_____ADDRESS_____PHONE _____

PERSONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, workers, Neighbors, etc.)

_____

_____

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 OF MY PREMISES BE MADE FROM_____
UNTIL_____AND WILL NOTIFY UPON MY RETURN

SIGNED_____DATE_____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	COMMENTS	OFFICERS SIGNATURE

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