

SECURITY CHECK REPORT

NAME: _____

ADDRESS: _____

REQUEST MADE BY: _____

TELEPHONE: _____

REASON FOR EXTRA PATROL: VACANT OTHER

OWNER COMMENTS: _____

TYPE OF PREMISES: _____ RESIDENCE _____ BUSINESS _____ OTHER _____

PROTECTED BY ALARM SYSTEM: _____ YES _____ NO

LIGHTS ON: _____YES _____NO CONSTANT: _____YES _____NO

AUOMATIC TIMER: YES NO

KEYS LEFT WITH ANYONE: _____ YES _____ NO

NAME OF KEY HOLDER: _____ PHONE: _____

OTHER PERSONS AUTHORIZED ACCESS TO PROPERTY: _____

EMERGENCY CONTACT:_____

REQUEST FOR SECURITY CHECKS MADE FROM: BEGIN DATE: _____ END DATE: _____

OFFICER TAKING INFORMATION:

OFFICER SECURITY CHECK LOG

[illegible]