PROPERTY SECURITY CHECK REPORT

Address: _____ NAME: _____

Request Made By: _____ Phone # _____

Reason for Extra Patrol: Property Vacant Other: _____

Premise Type: Residence Business Other _____

Protected by Alarm System? Yes / No If Yes alarm Type _____
Alarm Company _____
Key Holder's Name _____
Key Holder's Phone _____

Lights: None Constant Timer _____ to _____

Person(s) who will have access to property: (Relatives, Neighbors, Workman, others)

_____

_____

In case of an Emergency do you wish to be notified by collect call? Y - N _____
Telephone Number

DATES CHECKS ARE REQUESTED _____ to _____

_____ _____
Signature of person making request Date

Officer's Security Check Log

Date	Time	Premises Secure (if not state type of report filed or action taken)	Officer