SECURITY CHECK REPORT

Addre	ess:		Name:	
Request made by:			Phone:	
		ktra Patrol: □ Premises will be vacant ises: □ Business □ Resider		
Protec	eted by	Alarm System: ☐ Yes ☐ No	Type of Alarm:	
Lights	s on:	Yes □ No Constant: □ Yes	□ No Automa	atic: □ Yes □ No
Keys 1	left with	n anyone: □ Yes □ No		
If yes,	Name	and address:		
Other	Persons	s who will have access to Premises (Rela	tives, Workers, Nei	ghbors, Employees):
In case	e of em	ergency do you wish to be notified by co	ollect call? □ Yes	s □ No
C/O Name: Address:				one:
_		a security check be made on my premise pon my return.	es from	to
Signat	ture:	Date	of Request:	
		OFFICER'S SECURITY O		
Date	Time	Premises Secure Check (if not state type report	ïled or action taken)	Officer's Signature
			-	