VACATION SECURITY CHECK REPORT

NAME: _____

ADDRESS: _____

PHONE: (_ _ _) - _ _ _ - _ _ _ _

REQUEST MADE BY: _____

REASON FOR EXTRA PATROL: ✍ Premise will be vacant ✍ Other _____

TYPE PREMISES: ✍ Business ✍ Residence ✍ Other _____

PROTECTED BY ALARM SYSTEM: ✍ Yes ✍ No If yes type alarm: _____

LIGHTS ON: ✍ Yes ✍ No **CONSTANT:** ✍Yes ✍ No **AUTOMATIC:** ✍Yes ✍ No

KEYS LEFT WITH ANYONE: ✍ Yes ✍ No

IF YES, NAME: _____

ADDRESS: _____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, Neighbors, Etc.)

_____

_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? ✍ Yes ✍ No

C/O NAME _____**ADDRESS** _____ **PHONE** _____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM _____ **TO** _____

SIGNED _____ **DATE OF REQUEST** _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE ✍ (if not state type report filed or action taken)	OFFICERS SIGNATURE