



SECURITY CHECK REQUEST FORM



I request that a security check be made of my property from: _____ TO _____

First Name: _____ Last Name: _____

Address: _____

Request Made By: _____ Phone #: _____

Additional Contact Number(s): _____

Type of Premises?: Business Residence

Is residence or business protected by an alarm system? Yes No

If yes, what company? _____

Will you be leaving any lights on? Yes No Are they constant? Yes No

Have the keys been left with anyone else? Yes No

If yes, provide their name and phone #: _____

List other persons that will have access to the premises (feeding animals, taking care of lawn, checking mail, etc. _____

Description of any vehicles that will be on the premises: _____

Additional Notes for the officers checking on your property? _____

Signature _____ Date: _____

NOTE: SECURITY CHECKS WILL NOT EXCEED 30 DAYS

OFFICE USE ONLY Security Check #: _____