SECURITY CHECK REPORT

ີາDRESS		NAME		
REQUEST MAD	E BY	PHONE	PHONE	
REASON FOR EXTRA PATROL Premise will be vacant other				
TYPE PREMISE	:S: E	BUSINESS TRESIDENCE OTHER	,,	
PROTECTED BY ALARM SYSTEM YES NO IF YES TYPE ALARM				
		NO CONSTANT YES NO AUTOMATIC YES	□ NO □	
IF YES, NAME		ADDRESS	PHONE	
OTHER PERSO	NS THAT I	WILL HAVE ACCESS TO PREMISES (Relatives, Workers, Neighbors, Employees	3)	
IN CASE OF EN	/IERGENC	Y DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES \(\text{VES} \) NO) []	
C/O NAME		ADDRESS	PHONE	
		URITY CHECK BE MADE OF MY PREMISES FROM N MY RETURN,	ТО	
AND WILL NO	111 1 01 01	WI HE IOIM,		
SIGNED		DATE OF REQUEST_		
		OFFICER'S SECURITY CHECK REPORT		
ATE	TIME	PREMISES SECURE / (if not state type report filed or action taken)	OFFICER'S SIGNATURE	
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If needed additi	onal dates	continued on Page		