SPENCERVILLE POLICE DEPARTMENT SECURITY CHECK

NAME_____ ADDRESS_____

REQUEST MADE BY _____ PHONE NUMBER_____

REASON FOR EXRA PATROL ☐PREMISE WILL BE VACANT ☐ OTHER_____

TYPE OF PREMISE ☐ BUSINESS ☐ RESIDENCE ☐ OTHER_____

PROTECTED BY ALARM SYSTEM ☐ YES ☐ NO IF YES TYPE OF ALARM_____

LIGHTS ON ☐ YES ☐ NO IF YES CONSANT ☐ YES ☐ NO AUTOMATIC ☐ YES ☐ NO

KEYS LEFT WITH ANYONE ☐ YES ☐ NO

IF YES NAME_____ADDRESS_____ PHONE_____

OTHERS THAT WILL HAVE ACCESS TO THE PREMISES (RELATIVES, NEIGHBORS, EMPLOYEES)

_____

_____

IN CASE OF AN EMERGENCY DO YOU WANT TO BE NOTIFIED ☐ YES ☐NO, OTHER_____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISIS FROM_____TO_____

AND WILL NOTIFIY UPON MY RETURN.

SIGNED_____ DATE OF REQUEST _____

OFFICERS SECURITY CHECK REPORT

DATE	TIME	PREMIS SECURE / IF NOT STATE TYPE OF REPORT OR ACTION	OFFICERS SIGNATRURE