

Case No. \_\_\_\_\_

REQUEST FOR SECURITY CHECK

Address \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Type Premises: Residence \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

Have keys been left with anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Will anyone be working about or have access to premises during your absence?

If Yes, Name \_\_\_\_\_ Reason \_\_\_\_\_

Are there any security deficiencies? Yes \_\_\_\_\_ No \_\_\_\_\_ What \_\_\_\_\_

Are there any weapons? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, type \_\_\_\_\_

Will you prosecute for unauthorized entry? Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be any lights left on? Yes \_\_\_\_\_ No \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_

Will be someone be picking up your mail, papers, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

Will property be maintained on extended leaves of time? Yes \_\_\_\_\_ No \_\_\_\_\_

Will any vehicles be left? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Color and Tag No.

In case of emergency or damage found to your property, do you wish to be noti-

fied by a collect call? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, phone number

SECURITY DEFICIENCY

DATE	TIME	TYPE OF DEFICIENCY	OFFICER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____