

BAZETTA POLICE DEPARTMENT SECURITY CHECK REPORT NO. _____

NAME: _____

ADDRESS: _____

PHONE: HM () _____ CELL () _____

REQUEST MADE BY: _____

REASON FOR EXTRA PATROL: PREMISE WILL BE VACANT OTHER _____

TYPE OF PREMISES: BUSINESS RESIDENCE OTHER _____

PROTECTED BY ALARM SYSTEM: YES NO IF YES, TYPE OF ALARM _____

ALARM COMPANY: _____ PHONE: _____

LIGHTS ON: YES NO CONSTANT AUTO TIMER

DELIVERIES DISCONTINUED: YES NO

KEY HOLDER: YES NO

KEY HOLDER: NAME _____ PH () _____ () _____

ADDRESS: _____

OTHER PERSONS HAVING ACCESS TO PREMISES (RELATIVE, NEIGHBORS, FRIENDS)

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED? YES NO () _____

START DATE: _____ END DATE _____

PERSON TAKING REQUEST _____ DATE OF REQUEST _____

| DATE | TIME | OFFICER'S OBSERVATION | SIGNATURE # |
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