SECURITY CHECK REPORT

ADDRESS_____ NAME_____

REQUEST MADE BY_____ PHONE_____

REASON FOR EXTRA PATROL: ☐ Premise will be vacant ☐ Other _____

TYPE PREMISES: BUSINESS ☐ RESIDENCE ☐ OTHER_____

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

LIGHTS ON: YES☐ NO☐ CONSTANT: YES☐ NO☐ AUTOMATIC: YES☐ NO☐

KEYS LEFT WITH ANYONE: YES☐ NO☐

IF YES, NAME:_____

ADDRESS:_____

PHONE:_____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, Workers, Neighbors, Employees)

_____

_____

IN CASE OF AN EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES☐ NO☐

% NAME_____

ADDRESS_____ PHONE_____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM _____ TO_____AND WILL NOTIFY THE MOUNT VERNON POLICE DEPARTMENT UPON MY RETURN.

SIGNED_____ **DATE**_____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE (if not state type report filed or action taken)	OFFICER SIGNATURE