SECURITY CHECK REPORT

ADDRESS_____ HOUSE NEXT TO_____

HOUSE NAME_____ HOUSE DESCRIPTION_____

_____

REQUEST MADE BY_____ OWNERS NAME_____

PHONE_____ REASON FOR EXTRA PATROL _____

TYPE PREMISES: BUSINESS___ RESIDENCE___ OTHER_____

PROTECTED BY ALARM SYSTEM? YES___ NO___ IF YES TYPE 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 EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES___ NO___
C/O NAME_____ ADDRESS_____ PHONE_____

THIS SECURITY CHECK WILL EXPIRE 180 DAYS FROM DATE OF REQUEST. TO CONTINUE SECURITY CHECK BEYOND 180 DAYS YOU MUST COME BACK TO DAUPHIN ISLAND POLICE DEPARTMENT AND FILL OUT ANOTHER SECURITY CHECK REPORT.

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PRESISES FROM_____ TO_____
AND I WILL NOTIFY DAUPHIN ISLAND POLICE DEPARTMENT UPON MY RETURN.

SIGNED_____ DATE OF REQUEST_____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE √ (If not state type report filed or action taken)	OFFICER'S SIGNATURE

Additional space on back

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