Property Security Check Record

DATES SECURITY CHECK WILL BE FROM _____ TO_____
PLEASE CALL WHEN YOU RETURN HOME

NAME: _____

ADDRESS: _____

PHONE: _____

REASON FOR SECURITY CHECK:_____

TYPE OF PROPERTY: RESIDENCE____ BUSINESS____
PROTECTED BY ALARM: YES____ NO____
LIGHTS ON TIMER: YES____ NO____
KEYS LEFT WITH ANYONE: YES____ NO____

IF YES, NAME:_____

ADDRESS:_____

PHONE:_____

WILL OTHER PERSONS HAVE ACCESS TO THE PREMISES: YES____ NO____
IF YES, NAME: _____
DO YOU WANT TO BE NOTIFIED IF THERE IS AN EMERGENCY: YES____ NO____
IF YES, WHERE:_____

DATE	TIME	DRIVE-BY	PHYSICAL	OFFICER NAME