CLOSE PATROL REQUEST

ADDRESS _____ Name _____

REQUEST MADE BY _____ PHONE ( ) -

REASON OF EXTRA PATROL ☐ PREMISE WILL BE VACANT ☐ OTHER _____

TYPE OF PREMISES ☐ BUSINESS ☐ RESIDENCE ☐ OTHER _____

PROTECTED BY ALARM SYSTEM ☐ YES ☐ NO IF YES, WHAT TYPE _____

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

KEYS LEFT WITH ANYONE ☐ YES ☐ NO

IF YES, NAME _____ PHONE ( ) -

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

_____

_____

_____

VEHICLES AT PREMISE (if any) _____

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

C/O NAME _____ PHONE ( ) -

I REQUEST THAT A SECURITY CHECK BE MADE ON MY PREMISES FROM _____ TO _____

AND WILL NOTIFY UPON MY RETURN

SIGNED _____ DATE _____

OFFICER'S SECURITY CHECK REPORT

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

If needed additional dates continued on page _____