Buffalo Springs Lake Security Check Report

Address: _____

Date Request Made: _____ Request Made by: _____

Reason for Extra Patrol: ☐ Premise will be vacant ☐ 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: _____Phone(s): _____

Other persons that will have access to Premises (Relatives, Workers, Neighbors, Employees):

_____

In Case of Emergency how can you be notified: Name & Phone: _____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM: _____ TO _____ AND WILL NOTIFY UPON MY RETURN.

■ OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE✓ (If not state type report filed or action taken	OFFICERS SIGNATURE