SECURITY CHECK/HOUSE WATCH REQUEST

For Notification Only This is Not to Infer a Special Police Patrol

Address:					
Name:	Phone #:				
Reason for Extra Patrol/House Water	ch:				
Type of Premises: Business	Residence	Othe	r:		
Protected by Alarm System: Yes	No	If yes type of alarm:			
Lights ON: Yes No Co	onstant: Yes	No	Automatic:	Yes	No
Keys left with anyone else: Yes	No				
If yes, Name:	Address:				
Phone#:					
Other Person(s) that will have access	ss to premises (Relative, V	Workers, Neig	ghbors,	Employees):
In case of emergency do you want t	o notified by a	collect cal	l: Yes	No	
I request that a security check be made of my premises from	Dete	to	Dete		
and will notify upon my return.	Date		Date		
Request made by:	Date of Request:				
Note: All Security/House Watch rec	quests will Exp	ire two(2)	weeks from t	he start	Date.