SECURITY CHECK REPORT

Address:			Name: _						
Request Made by	/:		Phone:						
Reason for Extra Patrol: Premise will be Vacant Other									
Type of Premises	: Busin	ess Residence	Other:						
Protected by Alarm System: Yes No If Yes, Alarm Type:									
Lights On: Ye	es 🗌 No	Consta	nt: Yes No	Automatic: Yes No					
Keys Left with An	yone: 🔲	Yes 🗌 No							
If Yes, Name:		Addre	ess:	Phone:					
Other Persons that will have Access to Premises (Relatives, Workers, Neighbors, Employees):									
In Case of Emergency, do you wish to be notified?									
				To: ;					
upon my return,	I will notify	MOUNT JOY BOROUG	GH POLICE DEPARTMENT						
Signature:			Date of	Request:					
OFFICER'S REPORT									
Date	Time	Premises Secure ✓	(If not, state type of report filed o	or action taken) Officer's Signature					

OFFICER'S REPORT (continued)

Date	Time	Premises Secure ✓	(If not, state type of report filed or action taken)	Officer's Signature