

REQUEST FOR SECURITY CHECK

DATE: _____ NAME: _____

ADDRESS: _____ PHONE: _____

DEPARTURE DATE: _____ RETURN DATE: _____

VEHICLES ON PREMISES: _____

LIGHTS: YES _____ NO _____

TYPE PREMISES: RESIDENCE _____ BUSINESS: _____ OTHER: _____

ALARM: YES _____ NO _____ ALARM COMPANY PHONE # _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES _____ NO _____

IF YES, NAME: _____ ADDRESS: _____ PX: _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES _____ NO _____

IF YES, NAME (S) _____

IN CASE OF EMERGENCY NOTIFY THE FOLLOWING:

NAME: _____ ADDRESS: _____ PHONE(S): _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER	OFFICER INITIAL

If premises were insecure or evidence of forced entry, state if you entered and checked premises. If you found any evidence of vandalism or theft make a separate report

Please Return to: Fellsmere Police Department, 25 S. Cypress St., Fellsmere, FL 32948