REQUEST FOR SECURITY CHECK

REQUEST DATE: _____

ADDRESS: _____

NAME: _____   **PHONE#** _____

                         CELL# _____

DEPARTURE: DATE _____   **TIME** _____ **am/pm**

RETURN: DATE _____   **TIME** _____ **am/pm**

PREMISE: O RESIDENCE   **O** SCHOOL   **O** BUSINESS

        O OTHER _____

WILL ANYONE HAVE LEGAL AND PHYSICAL ACCESS TO THIS PREMISE

       YES___   **NO___**

IF YES: NAME _____   **PH#** _____

          ADDRESS _____

EMERGENCY CONTACT PERSON

         NAME _____   **PH#** _____

ADDITIONAL DATA: _____

_____

_____

OFFICER'S SECURITY CHECK REMARKS

DATE   **TIME**   **BADGE**   **STATE IF SECURE OR OTHER FINDINGS**

_____

_____

_____

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