

Rose Hill Police Department
Security Check Report

ADDRESS: _____ NAME: _____

Request made by: _____ Telephone: _____

Reason for Extra Patrol: _____

Type of Premises: Business Residence Other: _____

Alarm System: YES NO (if yes) Type of Alarm: _____ Company: _____

Lights on?: YES NO Alarm Company Phone Number: _____

Keys left with anyone?: YES NO (if yes) NAME / ADDRESS / PHONE: _____

List other persons who will have access to premises: _____

List vehicles that will / may be at premises: _____

List any potential hazards officers need to be aware of (dogs, etc.): _____

Emergency contact: NAME: _____ ADDRESS: _____

PHONE: _____ ALT. PHONE: _____

Please check my premises from _____ to _____

PLEASE CALL AND LET US KNOW WHEN YOU HAVE RETURNED

Vacation Check List:

1. Have you discontinued newspaper, mail and other deliveries?
2. Are doors and windows secured in your home, garage and other buildings?
3. Are vehicles parked in the drive or in the street secured?
4. Are there appliances that should be disconnected?
5. Have you recorded serial numbers to important personal property?
6. Have you left any valuable items outside?