WHITEHALL TOWNSHIP POLICE SECURITY CHECK REPORT

NAME:_____ ADDRESS:_____

REQUESTOR:_____ PHONE:_____

REASON FOR EXTRA PATROL:_____

TYPE OF PREMISES RESIDENTIAL ☐ BUSINESS ☐ OTHER ☐

ALARM YES☐ NO☐ ALARM COMPANY_____

LIGHTS ON YES☐ NO☐ CONSTANT YES☐ NO☐ AUTO ☐

KEYS LEFT WITH ANYONE YES☐ NO☐

NAME, ADDRESS, PHONE OF KEYHOLDER:_____

_____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (RELATIVES, NEIGHBORS, EMPLOYEES)_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED? YES☐ NO☐

SECURTIY CHECK START DATE_____ END DATE_____

SERVICE AID:_____ DATE_____

DATE	TIME	PREMISE OK	ACTION TAKEN	OFFICER

DATE	TIME	PREMISE OK	ACTION TAKEN	OFFICER