FLAT ROCK POLICE DEPARTMENT

CRIME PREVENTION UNIT

SECURITY CHECK REPORT

ADDRESS:		**NAME:**	
TYPE PREMISES	☐ **HOME** ☐ **BUSINESS** ☐ **OTHER (specify)**		**PHONE #**
REASON FOR EXTRA PATROL	☐ **PREMISES WILL BE VACANT**	☐ **OTHER (specify)**	
ALARM SYSTEM	☐ **YES, IF YES TYPE:**	☐ **NO**	
LIGHTS LEFT ON	☐ **OUTDOOR** ☐ **CONSTANT** ☐ **AUTOMATIC**	☐ **INDOOR** ☐ **CONSTANT** ☐ **AUTOMATIC**	
KEYS LEFT WITH ANYONE	☐ **YES, IF YES: NAME:** **ADDRESS:** **PHONE #:**		☐ **NO**
OTHER PERSONS WHO WILL HAVE ACCESS TO PREMESIS:			
REMARKS:			
IN CASE OF EMERGENCY NOTIFY (COLLECT)	**NAME:** **PHONE #** **ADDRESS:**		
I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM AND I WILL NOTIFY POLICE DEPT. ON MY RETURN	**DATE:**	**TO DATE:**	

I UNDERSTAND THAT THESE CHECKS ARE INTENDED TO REDUCE THE CHANCE OF MY BECOMING VICTIMIZED BY BURGLARS OR VANDALS, HOWEVER, THESE CHECKS IN NO WAY GUARANTEE THAT I WILL NOT BECOME VICTIMIZED BY ONE OF THESE CRIMES.

DID YOU REMEMBER: IF GOING ON VACATION TO STOP NEWSPAPER & MAIL DELIVERIES AND TO ARRANGE FOR SOMEONE TO MOW YOUR LAWN OR SHOVEL YOUR WALKS?

REQUESTED BY (PRINT NAME):	**REQUESTED BY: (SIGN NAME)**	**DATE OF REQUEST:**

Do not write below this line

OFFICERS SECURITY CHECK REPORT			**OFFICER TAKING REQUEST**	
DATE	**TIME**	**CHECK IF SECURE (IF NOT REPORT TYPE OF ACTION)**	**OFFICERS SIGNATURE**	**SUPV**

ADDRESS