SHREWSBURY POLICE DEPARTMENT

— SECURITY CHECK REPORT —

ADDRESS _____ NAME _____

REQUEST MADE BY _____ PHONE _____

REASON FOR EXTRA PATROL ☐ Premise will be vacant ☐ other _____

TYPE PREMISES: ☐ BUSINESS ☐ RESIDENCE ☐ OTHER _____

PROTECTED BY ALARM SYSTEM ☐ YES ☐ NO IF YES, TYPE OF ALARM _____

DOES ANYONE HAVE KEY TO SHUT ALARM OFF? ☐ YES ☐ NO

IF YES, NAME AND TELEPHONE NUMBER _____

LIGHTS ON: ☐ YES ☐ NO CONSTANT: ☐ YES ☐ NO AUTOMATIC: ☐ YES ☐ NO

KEYS LEFT WITH ANYONE: ☐ YES ☐ NO

IF YES, NAME _____ ADDRESS _____ PHONE _____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, Workers, Neighbors, Employees)

_____

LIST ANY VEHICLES LEFT ON PROPERTY (Make and Plate #)

_____

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? ☐ YES ☐ NO

C/O NAME _____ ADDRESS _____ PHONE _____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM _____ TO _____
AND WILL NOTIFY UPON MY RETURN

SIGNED _____ DATE OF REQUEST _____

OFFICER'S SECURITY CHECK REPORT

DATE	DATE	PREMISES SECURE ✓ (if not, state type of report filed or action taken)	OFFICER'S SIGNATURE

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE ✓ (if not state type of report filed or action taken)	OFFICER'S SIGNATURE