REQUEST FOR SECURITY CHECK

ICR # _____

NAME: _____

Address: _____ Type of Premise: _____

Departure Date: _____ Return Date: _____

Key Holder During Absence: _____

Key Holder Phone #: _____

In Case of Emergency, notify: _____

Anyone Else Having Access to Premises During Absence: _____

Any Other Special Conditions or Circumstances? (lights on, etc) : _____

_____

OFFICER'S SECURITY CHECK

DATE	TIME	STATUS	OFFICER

***If premises was found unsecured or there was evidence of vandalism or damage, make a separate report and note the ICR number in the 'Status' column above.**