

# 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 ALARM \_\_\_\_\_

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) \_\_\_\_\_

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	TIME	PREMISES SECURE <input checked="" type="checkbox"/> (if not state type report filed or action taken)	OFFICER'S SIGNATURE

**Send completed form to:  
Whitehall Township Bureau of Police  
3731 Lehigh St.  
Whitehall, PA 18052**