WILDER/ GREENLEAF POLICE DEPARTMENT

Premises Security Check Request

Name: _____ Phone: _____

Address: _____

Reason for Extra Patrol : _____

_____

Dates requested:_____

Type of Premises: ☐ Business ☐ Residence ☐ Other: _____

Protected by Alarm System ☐ Yes ☐ No

Will there be lights on in the premises? ☐ Yes ☐ No Where: ____

_____

Vehicles on Premises: _____

Names of persons with access to your property while you are

away: _____

In case of emergency do you want to be notified? ☐ Yes ☐ No

Telephone number where you can be reached: _____

Signed: _____ Date of Request _____

Officers' Security Check Report			
Date	**Time**	**Premises Secure (Notes)**	**Badge #**