Roosevelt County Sheriff's 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 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 ✓ (if not state type report filed or action taken)	OFFICER'S SIGNATURE

If needed, additional dates continued on Page _____