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 D NO D			
IF YES, NAME: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			
I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM:TO:TO:			
AND WILL NOTIFY UPON MY RETURN.			
SIGNED: _	SIGNED:DATE OF REQUEST:		
OFFICER'S SECURITY CHECK REPORT			
ATE	TIME	PREMISES SECURE (if not state type report filed or action taken)	OFFICER'S SIGNATURE
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