SULTAN POLICE DEPARTMENT

515 MAIN STREET PO BOX 1650 SULTAN WA 98924 360.793.1051

PROPERTY SECURITY CHECK FORM

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES LISTED

FROM _____ **TO** _____

I WILL NOTIFY THE POLICE DEPARTMENT UPON MY RETURN

NAME/BUSINESS _____

ADDRESS _____

CITY/STATE/ZIP _____

DATED _____ SIGNATURE _____

IN CASE OF EMERGENCY DO YOU WISH CONTACT? YES ◯ NO ◯ PHONE _____

REASON FOR EXTRA PATROL: PREMISE WILL BE VACANT ◯ OTHER _____

PREMISE TYPE: RESIDENCE ◯ BUSINESS ◯ OTHER _____

ALARM SYSTEM: YES ◯ NO ◯ ALARM TYPE _____

LIGHTS ON: YES ◯ NO ◯ NAME: _____

ADDRESS: _____ PHONE _____

OTHER PERSONS WHO WILL HAVE ACCESS TO PREMISES: LIST NAME AND PHONE NUMBERS

_____

_____

OFFICERS SECURITY CHECK LOG

DATE	TIME	PREMISE SECURE/IF UNSECURE ACTION TAKEN	OFFICERS SIGNATURE