PALOUSE POLICE DEPARTMENT
SECURITY CHECK REPORT

Name:_____Address:_____
Reason for extra patrol: ☐Vacation ☐Premise will be vacant
☐Other(describe)_____
Type of premises: ☐Residence ☐Business ☐Other_____
Protected by alarm system: ☐Yes ☐No If yes type of alarm:_____
Lights left on: ☐Yes ☐No ☐Constant ☐Timer
Keys left with anyone: ☐Yes ☐No
If yes, name:_____Address:_____Phone:_____
Other person(s) that will have access or are allowed on the property(relatives, neighbor,etc.)
Name:_____Address:_____Phone:_____
Name:_____Address:_____Phone:_____
Name:_____Address:_____Phone:_____
IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? ☐Yes ☐No
C/O Name:_____Address:_____Phone:_____
Phone number you can be reached at while you are gone:_____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM_____TO_____

SIGNED_____Date of request_____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	SECURITY CHECK MADE (REPORT ANY ACTION TAKEN)	OFFICER'S INITIALS