ALBANY POLICE DEPARTMENT SECURITY CHECK REPORT

CASE NUMBER _____

Name:				Ad	dress:			
F	irst	Middle	Last					
Date of Birth:					Phone Number:			
Reason for extra patrol: { } Premise will be vacant { } Other: Type of Premise: { } Residential { } Business { } Other:								
Is the Premise Alarmed? { } NO { }YES Type of Alarm: Company:								
Will there be any lights left on? { } NO { } YES If yes, where:								
Keys left with anyone? { } NO { } YES If yes, who? Name Address Phone								
Name Address Phone Will anyone else have access to the premise? (i.e. Relatives, workers, neighbors, etc)								
The any one case have access to the premise. (i.e. Relatives, workers, heighbors, etc)								
In case of an emergency, do you wish to be notified by collect call? { } NO { } YES If yes, what phone number?()								
I request that a security check be made of the above listed premise from: to								
I will notify the police department upon returning (initials)								
Signature: Date of Request:								
SECURITY CHECK LOG								
Date	Time	Ofc.	Date	Time	Ofc.	Date	Time	Ofc.
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