



RESIDENTIAL SECURITY CHECKS

SOAP LAKE POLICE DEPARTMENT

P.O. BOX 1270 / PH# 246-1122

SOAP LAKE, WA 98851



NAME: _____ ADDRESS: _____

PHONE#: _____ REQUEST BY: _____

REASON FOR EXTRA PATROL: PREMISE WILL BE VACANT _____ (YES) _____ (NO)

OTHER: _____

TYPE OF PREMISE: BUSINESS: _____ RESIDENCE: _____ OTHER: _____

PROTECTED BY ALARM: _____ (YES) _____ (NO) IF YES, TYPE: _____

LIGHTS: _____ (YES) _____ (NO) AUTOMATIC _____ (YES) _____ (NO) CONSTANT _____ (YES) _____ (NO)

KEY HOLDER AVAILABLE _____ (YES) _____ (NO) IF YES, PLEASE GIVE NAME AND PHONE
NAME: _____ PHONE: _____

OTHER PERSONS HAVING ACCESS TO PROPERTY OR RESIDENCE: _____

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? _____ (YES) _____ (NO)

ADDRESS: _____ PHONE# _____

I HEREBY REQUEST A SECURITY CHECK OF MY PREMEIS FROM _____ TO _____

SIGNATURE: _____ DATE OF REQUEST _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISE SECURE (OK)	CASE# IF APPLICABLE	OFFICER SIGNATURE