SECURITY CHECK / EXTRA PATROL REQUEST

Service Requested: ☐Security Check ☐Extra Patrol **Duration**: From: _____ Until_____
Begin Date / Time **End Date / Time**

Address of Residence/Business: _____ Grottoes, VA 24441

Reason for Request: ☐Premise will be vacant ☐Other:_____

Keys left with anyone? ☐Yes ☐No IF YES: Name of Person: _____

Address: _____ Phone: _____

Other Person(s) with Access to Premises**:** _____

List ALL Vehicles (Include **Plate #** if known) to remain on premises during requested times: _____

_____

Premise protected by **Alarm System?** ☐Yes ☐No If Yes, Type of Alarm: _____

Lights Left On? ☐Yes ☐No Constant: ☐Yes ☐No Automatic: ☐Yes ☐No

Pets on Premises? ☐Yes ☐No If Yes, ☐Indoors ☐Outdoors Type:_____

Emergency Contact Name: _____ Phone # _____

Address:_____

Requested By:

Print Name: _____ Address: _____

Phone #_____ Signature: _____ Date: _____

OFFICE USE ONLY

DATE	TME	PREMISE SECURE YES / NO	IF NO, ACTION TAKEN	OFFICER UNIT #