BOROUGH OF PARKESBURG
BUREAU OF POLICE
315 W. FIRST AVENUE, BLDG 2
PARKESBURG, PA 19365

SECURITY CHECK REPORT

ADDRESS_____ NAME_____

REQUEST MADE BY_____ PHONE_____

REASON FOR EXTRA PATROL: ____PREMISES WILL BE VACANT ____OTHER

TYPE PREMISES: ____BUSINESS ___RESIDENCE ___OTHER_____

PROTECTED BY ALARM SYSTEM: ___YES ___NO

LIGHTS ON: ___YES ___NO CONSTANT: ___YES ___NO AUTOMATIC: ___YES ___NO

KEYS LEFT WITH ANYONE: ___YES ___NO

YES, NAME_____ ADDRESS_____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, Workers, Neighbors, Employees)_____

_____

REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM _____
TO_____ AND WILL NOTIFY UPON MY RETURN.

SIGNED_____ DATE OF REQUEST_____

THIS SERVICE IS PROVIDED AS A COURTESY ONLY. NO EXPRESSED OR IMPLIED GUARANTEE AS TO THE SECURITY OR SAFE KEEPING OF THE PROPERTY HAS BEEN MADE.

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES APPEARED SECURE	OFFICER SIGNATURE