SECURITY CHECK REQUEST

NAME: _____

ADDRESS: _____ City/State/Zip _____

PHONE: _____ EMAIL: _____

REASON FOR EXTRA PATROL:	PREMISE WILL BE VACANT ☐	OTHER	**START DATE**	**START TIME**	**END DATE**	**END TIME**	
TYPE OF PREMISES:	BUSINESS ☐	RESIDENCE ☐	ANIMALS ON PREMISE – Y/N DOG(S)/CAT(S) / OTHER: HOW MANY _____ NAMES:				
PROTECTED BY ALARM SYSTEM?	YES (IF Y/N) WHAT TYPE/SVS.						
LIGHTS ON: YES ☐ NO ☐	CONSTANT ☐ TIMER ☐	DRAPES CLOSED ☐	NEWSPAPER STOPPED ☐	MAIL STOPPED ☐	NEIGHBORS NOTIFIED ☐		

KEYS LEFT WITH ANYONE? Y/N	N:	ADDRESS:	PH:
IF YES, NAME, ADDRESS, PHONE#'S.:	N:	ADDRESS:	PH:
	N:	ADDRESS:	PH:

WILL ANYONE BE AT HOME ON PREMISES? YES ☐ NO ☐	IF YES: MAKE SURE YOU NOTIFY ALL *NON RESIDENTS OF STREET PARKING ORDINANCES 1AM-5AM (GET TEMP PARKING PASS FROM PD IF DAY PARKING). NEED VEHICLE PLATES/MAKE/MODEL* NAME AND PHONE #:
VEHICLE(S) LEFT ON PREMISES	LICENSE PLATE MAKE/MODEL

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES AND WILL NOTIFY FVPD UPON RETURN OR ANY CHANGES.

SIGNATURE: _____   **DATE:** _____