STREAMWOOD POLICE
SECURITY CHECK REPORT

NUMBER: _____

Address: _____ Name: _____

Request made by: _____ Phone: _____

Cell Phone Number: _____

Reason for Patrol: ☐ Vacation ☐ Vacant Property ☐ Other: _____

Protected by Alarm: ☐ Yes ☐ No If yes, alarm type: _____

Type of Premises: ☐ Residence ☐ Business ☐ Other: _____

Lights On: ☐ Constant On ☐ Timers ☐ Motion ☐ No Lights

Location of lights on timers: _____

Emergency Keyholder Information:

Name: _____ Address: _____ Phone: _____

Other keyholder info or persons having access to premises (relatives, neighbors, etc.):

_____

_____

Date beginning: _____ Date ending: _____

I request that a security check be made of the premises listed above and will notify the Streamwood Police Department upon my return or in the event the security check is no longer necessary.

Signed _____ Date of Request _____

OFFICER'S SECURITY CHECK REPORT

Date	Time	Premises Secure (if not state report filed or action taken)	Signature