## CHESTER POLICE DEPARTMENT

## SECURITY CHECK REPORT

Address Name					
Request Ma	ade by				
Reason for	Extra Pat	rol: Premises Will be Vacant	Other		
Type of Pre	emises: B	usiness Residence Other	r		
Protected b	y Alarm S	System: Yes No If Yes,	Type of Alarm		
Lights on: `	Yes	No Constant: Yes No _	Automatic: Yes	_ No	
Keys Left v	with Anyo	one: Yes No			
If Yes, Nan	ne	Address	Phone		
Other perso	on(s) that	will have access to premises (relati	ves, workers, neighbors,	employees)	
In case of e	emergency	, do you wish to be notified by col	lect call? Yes No _		
c/o Name _		Address	Phone		
I request th	at a secur	ity check be made of my premises	fromto		
Signed	gnedDate of Request				
_		OFFICER'S SECURITY CH	ECK REPORT		
DATE	TIME	PREMISES SECURE (if not state type of repor	t filed or action taken)	Officer's Signature	

## Dear Resident:

This security check service in no way guarantees that your property will be safe from vandalism or burglary, but merely provides the Police Department with information of your whereabouts and other pertinent facts if a crime should occur.