~ Beaufort Police Department ~
Residential-Business Security Check

ADDRESS: _____ **NAME:** _____

REQUEST MADE BY: _____ **PHONE:** _____

REASON FOR EXTRA PATROL: ☐ PREMISE WILL BE VACANT ☐ OTHER _____

TYPE OF PREMISE: ☐ BUSINESS ☐ RESIDENCE ☐ OTHER _____

PROTECTED BY ALARM: ☐ NO ☐ YES IF YES TYPE? _____

LIGHTS ON: ☐ YES ☐ NO **IF YES, CONSTANT:** ☐ YES ☐ NO **AUTOMATIC:** ☐ YES ☐ NO

KEYS LEFT WITH: _____

ADDRESS: _____ **PHONE:** _____

OTHERS THAT WILL HAVE ACCESS TO THE PREMISES (RELATIVES, FRIENDS ETC)
OTHER INFORMATION REGARDING PREMISES:
_____
_____
_____

IN CASE OF EMERGENCY, WOULD YOU LIKE TO BE CONTACTED? ☐ YES ☐ NO

C/O _____ **ADDRESS:** _____

PHONE: _____

I REQUEST THAT A SECURITY CHECK OF MY: ☐ RESIDENCE ☐ BUSINESS
BE MADE ON THE FOLLOWING DATES _____ **UNTIL** _____ I **WILL NOTIFY THE POLICE DEPARTMENT WHEN I RETURN.**

SIGNED: _____ **DATE:** _____

OFFICERS SECURITY CHECK REPORT

DATE	TIME	FINDINGS	OFFICER ID