

Beaufort Police Department Residential-Business Security Check

Address		N	Name					
Request Made By_								
(Circle One) Reason For Extra I	Patrol: Pr	emise W	ill Be V	acant	Other_			
(Circle One) Type Of Premise:	Business	Resid	dence	Othe	r			
(Circle One) Protected By Aları	n: No	Yes	If Ye	s, Type?	•			
(Circle One) Lights On : Yes	No If	Yes, Cor	nstant:	Yes	No	Automatic	Yes	No
Keys Left With:								
Address:	s: Phone:							
Others That Will H Information Rega	rding Pren	nises:						
(Circle One) In Case Of Emerge	ncy, Woul	d You Li	ike To B	e Cont	acted?	Yes	No	
C/O			_ Addre	ss:				
Phone:			_					
I Request That A S	ecurity Ch	eck Of I	My: (Cir	cle One) Resid	ence	Business	
Be Made On The F	ollowing I	Dates		_ Until				
Will Notify The P	olice Depa	rtment	When I	Return				
Signed:				Date: _				

Officers Security Check Report

Date	Time	Findings	Officer ID
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