Titusville Police Department
Security Check Report

Address _____ Name _____

Request made by _____ Phone _____

Reason for extra patrol [ ] Premises will be vacant [ ] Other _____

Type of premises [ ] Business [ ] Residence [ ] Other _____

Protected by alarm system [ ] Yes [ ] No If Yes, type _____

Light on [ ] Yes [ ] No; Constant [ ] Yes [ ] No; Automatic [ ] Yes [ ] No

Keys left with anyone [ ] Yes [ ] No If Yes, name _____

Address _____ Phone _____

Other person(s) that will have access to premises (Relatives, Workers, Neighbors)

_____

_____

_____

In case of emergency, do you wish to be contacted by collect call? [ ] Yes [ ] No

In case of emergency where can you be reached?

Address _____ Phone _____

I request that a security check be made of my premises from _____ to _____, and I will notify the Police Department upon my return.

Signed _____ Date _____

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Do Not Write Below This Line – Department Use Only

Officer's Security Check Report

Date	Time	Premises Secure? (If not, state type of report filed or action taken)	Initials