Biglerville Police Department
33 Musselman Avenue
Biglerville, PA 17307
PH: 717-677-9101 / Fax: 717-677-4027

SECURITY CHECK REPORT

Name:_____ Address: _____

Request Made By: ☐ Owner ☐ Tenant Phone:_____

Reason for Extra Patrol: ☐ Premises Vacant ☐ Other: _____

Premise Type: ☐ Business ☐ Resident ☐ Other: _____

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

Lights On: ☐ Yes ☐ No Constant: ☐ Yes ☐ No Auto: ☐ Yes ☐ No

Keys Left with Anyone: ☐ Yes ☐ No If yes, Name:_____

Address:_____ Phone:_____

Other Persons with Access to Premises: _____

Dates of Check: _____

In Case of Emergency, Do You Wish to be Notified by Collect Call? ☐ Yes ☐ No

Contact Number: _____

I Request that a Security Check be Made of my Premises from _____ to _____

Signed: _____ **Date:**_____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE	OFFICER