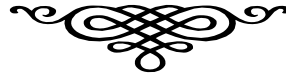


SECURITY CHECK REPORT



Address: _____ Name: _____

Request Made By: _____ Phone: _____

Reason For Extra Patrol: Premises will be vacant: _____ Other: _____

Type of Premises: Business: _____ Residence: _____ Other: _____

Protected By Alarm: Yes: _____ No: _____ If Yes, What Type: _____

Lights On: Yes: _____ No: _____ Constant: Yes: _____ No: _____

Automatic Timer: Yes: _____ No: _____

Keys Left With Anyone: Yes: _____ No: _____

If Yes, Name: _____ Phone: _____

Address: _____

Other Persons That Will Have Access To Premises (Relatives, Neighbors), Etc.: _____

In Case Of Emergency Do You Wish To Be Notified?

Yes: _____ No: _____ Phone Number: _____

Request That A Security Check Be Made From: _____ To: _____

Signed: _____ Date Of Request: _____