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READING POLICE DEPARTMENT
SECURITY CHECK REPORT

DATE _____

ADDRESS _____ NAME _____

REQUEST MADE BY _____ PHONE _____

REASON FOR EXTRA PATROL VACATION ☐ OTHER (specify) _____

TYPE PREMISES BUSINESS ☐ RESIDENCE ☐ OTHER (specify) _____

PROTECTED BY ALARM SYSTEM YES ☐ NO ☐ TYPE OF ALARM _____

LIGHTS ON YES ☐ NO ☐ CONSTANT ☐ AUTO ☐ DESCRIBE _____

KEYS LEFT WITH ANYONE YES ☐ NO ☐ NAME _____ PHONE _____

OTHER PERSONS WITH ACCESS TO PREMISES (Relatives, Workers, Neighbors, Employees, Etc.)

_____

_____

IN CASE OF DISCREPANCY OR EMERGENCY, STATE HOW YOU WOULD LIKE TO BE CONTACTED (Phone, Email, Etc.)

_____

I REQUEST THAT SECURITY CHECKS BE MADE OF MY PREMISES FROM _____ TO _____

SIGNED _____ DATE _____

DATE	TIME	CHECK IF PREMISES SECURE (If not state type of report filed or action taken)	OFFICER