## Buffalo Springs Lake Security Check Report

Address:			
Date Request Made: Request Made by:			
Reason for Extra Patrol: Premise will be vacant Other			
Protected by Alarm System:   Yes   No (If Yes, Type of Alarm)			
Lights On: Yes No Constant: Yes No Automatic: Yes No			
Keys Left with Anyone: Yes No			
If Yes, Name:Phone(s):			
Other persons that will have access to Premises (Relatives, Workers, Neighbors, Employees):			
In Case of Emergency how can you be notified: Name & Phone:			
I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM: TO TO			
AND WILL NOTIFY UPON MY RETURN.			
■ OFFICER'S SECURITY CHECK REPORT			
DATE	TIME	PREMISES SECURE (If not state type report filed or action taken	OFFICERS SIGNATURE