Security Check Report

Sherman Police Department

2629 E. Andrew Rd. Sherman, IL 62684 • (217)496-3256

Address: _____ Name: _____

Request Made By: _____ Phone Number: (_____) _____

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

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

Alarm System? ☐ Yes ☐ No If yes, type of alarm: _____

Alarm Company Name: _____

Lights On? ☐ Yes ☐ No Constant? ☐ Yes ☐ No Automatic? ☐ Yes ☐ No

Keys left with anyone? ☐ Yes ☐ No If yes, name: _____

Address: _____ Phone Number: (_____) _____

Other persons having access to your premises such as relatives, workers, neighbors, employees, etc?

Name: _____ Phone Number: (_____) _____

Name: _____ Phone Number: (_____) _____

In case of emergency, do you wish to be contacted? ☐ Yes ☐ No

Name: _____ Phone Number: (_____) _____ Email: _____

Name: _____ Phone Number: (_____) _____ Email: _____

Name: _____ Phone Number: (_____) _____ Email: _____

I request that a Security Check be made of my premises from: _____

to: _____ and I will notify Sherman Police upon my return.

Signed: _____ Date: _____

Officer's Security Check Report

Date	Time	Premises Secure If not, state type report filed or action taken.	Officer's Signature