Montgomery County Sheriff's Office
Residential Security Request

NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

REQUEST MADE BY: _____PHONE:_____

REASON FOR PATROL:
PREMISE WILL BE VACANT_____ OTHER: _____

TYPE OF PREMISE: BUSINESS _____ RESIDENCE _____ 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: _____
ADDRESS: _____ PHONE: _____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, Workers, Neighbors, etc...):

_____

_____

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY A PHONE CALL? YES _____ NO ____

c/o NAME_____ ADDRESS _____PHONE _____

I REQUEST THAT A SECURITY CHECK BE MADE OF PREMISES FROM _____
TO _____ BETWEEN THE HOURS OF _____
TO _____

SIGNED: _____ DATE OF REQUEST: _____

OFFICERS SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE (IF NOT, STATE ACTION TAKEN)	OFFICERS SIGNATURE