EAST DUNDEE POLICE DEPARTMENT
SECURITY/HOUSE WATCH CHECK LIST

R/D# _____

ADDRESS _____ NAME _____

REQUEST MADE BY: _____PHONE # _____

REASON FOR EXTRA PATROL ☐ VACTAION ☐ OTHER: _____

PREMISES ☐ BUSINESS ☐ RESIDENCE ☐ OTHER: _____

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

LIGHTS ON: ☐ YES ☐ NO _____ AUTOMATIC TIMER ☐ YES ☐ NO _____

KEYS LEFT WITH ANYONE? ☐ YES ☐ NO IF YES, NAME & #: _____

PERSONS HAVING ACCESS TO PREMISES (RELATIVES, WORKERS, NEIGHBORS, EMPLOYEES)

_____

_____

IN CASE OF EMERGENCY PHONE # WE CAN CALL YOU AT: _____

TIME PERIOD YOU WILL BE GONE - STARTING DATE _____ RETURNING_____

SIGNED _____ DATE OF REQUEST _____

DATE	TIME	PREMISE SECURE (IF NOT STATE ACTION TAKEN)	BADGE #