Parma Police Department

Premises Security Check Request

Name: _____ Phone: _____

Address: _____ City, State, Zip _____, _____ _____

Reason for extra patrol: _____

Date of Departure: _____ Date of Return: _____

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

Premises protected by alarm system? ☐ Yes ☐ No

Will there be lights on inside the premises? ☐ Yes ☐ No

If yes, where

Are there dogs on the premises? ☐ Yes ☐ No

If Yes, what Breed?

Will you be leaving vehicles on the premises? ☐ Yes ☐ No

If yes, please provide: Make: Color: Model

Make: Color: Model

Make: Color: Model

Names of persons with access to your property while you are away:

/ /

Do you wish to be notified via telephone in case of emergency? ☐ Yes ☐ No

Telephone number where you can be reached:

Signed: _____ Date of Request:

If you desire a record of security Checks conducted, it may be obtained from the Police Department.

Officers' Security Check Report

Date	Time	Off.	Notes	Date	Time	Off	Notes