Village of Southern View

3410 South Fifth Street, Southern View, Illinois 62703 Village Hall: 217-529-3352 Police Department: 217-529-0255



Security Premise Check Report

Name: Address:						
Requested By: Phone Number:						
Reason for Extra Patrol: Premise is Vacant Uacation Other:						
Type of Premise: ☐ Business ☐ Residence ☐ Other:						
Protected by Alarm System? Yes No If Yes, Type of alarm:						
Protected by Camera System?						
Lights on? ☐ Yes ☐ No Constantly on? ☐ Yes ☐ No Automatic: ☐ Yes ☐ No						
Which lights will be on?						
Keys left with anyone: ☐Yes ☐ No If yes, with whom?						
Address: Phone number:						
In case of an emergency who do we contact?						
Name: Phone Number:						
Special Notes:						
I request that a security check be made of my premise from To						
Signature: Date:						
OFFICER'S SECURITY CHECK REPORT						
OTTICEN 3 SECONTT CHECK REPORT						
DATE TIME PREMISE SECURE (IF NOT REPORT TYPE OR ACTION TAKEN OFFICER ID						

SCURITY CHECK REPORT CONTINUED

Address:		
Address:		

DATE	TIME	PREMISE SECURE (IF NOT REPORT TYPE OR ACTION TAKEN)	OFFICER ID
			l