INDIAN LAKE POLICE DEPARTMENT
SECURITY CHECK REQUEST

Name: _____

Address: _____

Is premise protected by alarm system? _____ yes _____ no
Night time will premise have lights on? _____ yes _____ no

Keys left with anyone: Name: _____ Phone#:_____

Other persons that will have access to premises: (relatives, neighbors, employees)

_____

_____

In case of emergency contact number for property owner: _____

Date	Time	Premises secure	Officer