

Chapin Police Department
 510 Everett Street
 Chapin, IL 62628
 (217) 472-3111

Date to Begin Extra Patrols: _____

Date to End Extra Patrols: _____

RESIDENTIAL OR COMMERCIAL SECURITY CHECK REQUEST

Street Address of Property:		
Owner of Property:		Owner Phone No:
Requestor (If different from Owner):		Requestor Phone No:
Reason for Extra Patrol: _____ Premises will be vacant _____ Other (Specify): _____		
Property Type: _____ Business _____ Residence _____ Other (Specify): _____		
Protected by Alarm System? (Yes or No)		If Yes: Alarm Type, Company, and Contact Information:
Lights On? _____ Yes _____ No	Constant? _____ Yes _____ No	Areas / Rooms of the Business or Home where lights will be on:
	Automatic? _____ Yes _____ No	
Keys Left with Anyone? _____ Yes _____ No	If Yes, Name of Keyholder:	
	Keyholder Address:	
Keyholder Phone No:		
Will any vehicles be parked outside or in the driveway/parking lot? _____ Yes _____ No	If Yes, please provide description for each (Year, Make, Model, Color, and Registration Plate):	
Other persons who will have authorized access to premises (e.g. relatives, neighbors, workers, employees):		
In case of emergency, notify:	Phone No:	Relationship to Owner:

I request that security checks (*extra patrols*) be conducted for the premises listed above and for the duration listed above.

I certify that I am the owner of the property, or that the owner of the property has given me their permission and authority to request security checks of their premises.

Signed: _____

Date: _____

Printed Name: _____