KIT CARSON COUNTY

Tom Ridnour • Sheriff

Travis Belden • Undersheriff

Kit Carson County Sheriff's Office • 251 16th Street suite 103 Burlington, Colorado 80807 • Office: 719-346-8934 • Fax: 719-346-7282

Security Check Report

Address:	Name:			
Request Made By:	Phone Number:			
Reason For Extra Patrol:	Premises Will Be Vacan	ntOther		
Гуре Of Premises:	_ Business Residence	Other		
Protected By Alarm Syste	em:YesNo _If	Yes, Type Of Alarm:		
Lights On: Yes _	No Constant: Ye	es No Automatic: Yes No		
Keys Left With Anyone:	Yes No			
If Yes, Name:	+ 10 2 22			
Other persons that will ha	ave access to premises (Relative	es, Workers, Neighbors, Employees):		
In case of an emergency,	do you wish to be notified by a	phone call? Yes No		
C/O Name:	Address:	Phone Number:		
I request that a security cand will notify upon my r	v -	FROM:TO:		
Signed:		Date of Request:		

Officer's Security Check Report

Date	Time	Premises Secure √ (If not, state type of report filed or action taken)	Officers Signature
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