ANGELS POLICE DEPARTMENT
SECURITY CHECK

Location _____

Responsible Party: _____

Address and phone number where responsible party may be reached

_____

Emergency Contact:

Name: _____ Phone: _____

Address: _____ Key: Yes ( ) No ( )

Type of Premises: Business ( ) Residential ( )

Security check from: _____ to _____

Person with permission to access premises: _____

_____

Security System: Yes ( ) No ( ) Type: _____

Lights On: Yes ( ) No ( ) Automatic: Yes ( ) No ( )

Where? _____

Vehicle on premises: Yes ( ) No ( )

If yes, vehicle description: License Number _____

Make: _____ Color: _____ Year: _____

Date	Time	Condition of Premises	Officer

Security checks are courtesy of the Angels Police Department and are made on a time available basis. The Police Department does not accept any liability for damage or loss to property while providing this courtesy. If you have any questions, please call the Chief of Police at 736-2567.