

PREMISE CHECK

LOG # _____

OPERATOR # _____

FAXED BY OPERATER # _____

CLEARED BY OPERATOR # _____

POLICE DEPARTMENT: _____ DATE _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ EMERGENCY PHONE _____

DATE LEAVING: _____ DATE RETURNING: _____

LIGHTS /ROOM _____ TIMER _____

VEHICLE/LOCATION _____

CONTACT: _____ PHONE _____

ALARMS: _____

ANIMALS: _____

COMMENTS: _____

REMIND CALLER TO CONTACT POLICE DPEARTMENT ON RETURN HOME