



WESTON MISSOURI POLICE DEPARTMENT



CONFIDENTIAL

RESIDENCE / BUSINESS SECURITY CHECK FORM

NAME: _____ PHONE: _____

ADDRESS: _____

DATE OF REQUEST: _____ FROM _____ TO _____
MONTH / DATE / YEAR / DAY MONTH / DATE / YEAR / DAY

REASON FOR REQUEST: VACANT BURGLARY STALKER
 VACATION OTHER: _____

TYPE OF PREMISES: BUSINESS RESIDENCE OTHER _____
ALARM SYSTEM?: YES NO

Alarm Key Holder _____

LIGHTS ON? YES NO CONSTANT? YES NO
Light's On Where : _____

AUTOMATIC? YES NO RADIO/TV ON? YES NO
Mail Stopped ? YES NO Newspaper Stopped? YES NO

Animals Left @ residence? YES NO
Description(s) (dogs, cats, Birds, snakes, etc.): _____

KEYS LEFT WITH ANYONE? YES NO NAME: _____
PHONE #: _____

Vehicles Parked @ Residence? YES NO
Description (Make, Year, Color, License Number): _____

ANY OTHER PERSON TO HAVE ACCESS? YES NO
NAME: _____ PHONE: _____
NAME: _____ PHONE: _____
NOTES: _____