IOWA TRIBAL POLICE DEPARTMENT

Residential Security Check

Name _____

Location _____

Address _____ Phone _____

Request made by _____ Phone _____

Reason for extra patrol _____

Protected by alarm system? _____ Type of Alarm _____

Lights on _____ Constant _____ Automatic _____

Keys left with anyone _____ (yes/no) Name _____

Address _____ Phone _____ Cell _____

In case of emergency, person to be notified _____ Phone _____

Vehicles and other property left outdoors _____

_____

Request for security checks from _____ to _____

Signature _____ Date of Request _____

OFFICER'S SECURITY CHECK REPORT

Date	Time	Comments	Officer

IOWA TRIBAL POLICE DEPARTMENT

Residential Security Check Page 2

Name_____ Location_____

Date	Time	Comments	Officer