# REQUEST FOR SECURITY CHECK

## CARVER COUNTY SHERIFF'S DISPATCH

**PATROL DISTRICT:**_____

Address: _____

City/Township: _____

ICR Number: _____ Request Date: _____

Name: _____ Phone: _____

Keyholder #1 Name & Number: _____

Keyholder #2 Name & Number: _____

Depature Date: _____ Return Date: _____

Lights on? Yes No Where? _____

Lights on a timer? Yes No Time on: _____ Time Off: _____

Is there an alarm system? Yes No If yes, who monitors? _____

Description of vehicles left in garage/driveway: _____

Misc Info: _____

## OFFICER SECURITY CHECK REPORT

| Date | Time | Unusual or noteworthy info | Ofc. Badge # |
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