

Commercial Security Check Request

For Office Use Only:
CFS#:
CDP#:

Business Name	<input type="text"/>
---------------	----------------------

Address:	<input type="text"/>	Business Phone:	<input type="text"/>
Owner:	<input type="text"/>	Owner's Phone:	<input type="text"/>

Hours of Operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Until	Until	Until	Until	Until	Until	Until
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List the names and phone numbers of anyone with a key to the business that may be contacted outside of normal business hours in case of an emergency. List the order you request subjects contacted.

Name	Primary Phone#	Alternate Phone#
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Outside of normal business hours, are there any lights left on?	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes, where?	<input type="radio"/> Interior <input type="radio"/> Exterior <input type="radio"/> Both
Does the business have a security system?	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes, Company Name and Phone #:	<input type="text"/>

Notes:	<input type="text"/>
--------	----------------------

By submitting this form, you are requesting a security check be made on the above listed business and agree to notify this agency upon the security check no longer being required.