

## Residence/Business Checks

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

\*This should be where you could be reached in the event of an emergency\*

Address to be patrolled: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date to Begin: \_\_\_\_\_ Date to End: \_\_\_\_\_

As residence/business owner or representative of same, please sign below to authorize our patrol officers to check the building and its surroundings for any type of damage or property loss.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date