



Wellington Police Department
147 East Herrick Avenue Wellington, OH 44090
(440) 647-2244

BOLO NUMBER: _____

SECURITY CHECK REPORT

Address of Premise Check: _____

Owner: _____ Phone: _____

Type of Premise: Business__ Residence __ Other _____

Reason for patrol: _____

Dates requested: Beginning: _____ Date of return: _____

Alarm System: YES/NO Alarm type / Company: _____

Lights left on: YES/NO Lights on timer: YES/NO

Location of lights: _____

Vehicles in driveway: YES/NO Description: _____

Mail / Newspaper on hold YES/NO

Will anyone be checking on premise? YES/NO Name: _____

Emergency Contact Name/Number: _____

Any other miscellaneous information you would like the department to be made aware of:

I will notify the Wellington Police Department upon my return.

Signed: _____ Date: _____

RETURN DATE: _____