

<b>PREMISE TYPE</b> HOUSE - SINGLE FAMILY <b>NAME</b> <b>ADDRESS</b> <b>PHONE</b>	<b>OFFICER</b> <b>DATE</b> <b>CASE #</b> <small>THESE RECOMMENDATIONS ARE DESIGNED TO REDUCE YOUR RISK OF CRIME. PLEASE ENACT AS MANY AS POSSIBLE.THERE IS NO 100% GUARANTEE OF PREVENTION.</small>
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EXTERIOR LIGHTING					SHRUBBERY				
F	B	L	R	RECOMMENDATIONS	F	B	L	R	RECOMMENDATIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BARRIER LIGHTING – NIGHT SENSOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRIM HEIGHT DOWN TO 4 FEET
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOTION LIGHT - SIDEWALK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRIM UP FROM BASE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INTERIOR LIGHTS ON TIMERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRIM BACK FROM DOORS/ WINDOWS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POLE LIGHT IN YARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRIM AWAY FROM LIGHTING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL LIGHT IN PARKING AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHARP BUSHES UNDER WINDOWS

DOOR SYSTEMS									
HINGED DOORS: F=FRONT R=REAR S=SIDE O=OTHER (#1Street #2Garden )					SLIDING DOORS				
F	R	S	O1	O2	RECOMMENDATIONS	#1	#2	RECOMMENDATIONS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	SATISFACTORY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	REPLACE ENTIRE ASSEMBLY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REPLACE DOOR- USE METAL OR SOLID	<input type="checkbox"/>	<input type="checkbox"/>	DRILL/PIN DOOR	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REPLACE STRIKE-PLATE HEAVY DUTY	<input type="checkbox"/>	<input type="checkbox"/>	CHARLIE-BAR OR STICK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3" SCREWS IN STRIKE- PLATE / HINGES	<input type="checkbox"/>	<input type="checkbox"/>	SCREWS/SLAT IN TOP TRACK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSTALL SINGLE-CYLINDER DEADBOLT	<input type="checkbox"/>	<input type="checkbox"/>	REPLACE LOCK MECHANISM	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSTALL DOUBLE-CYLINDER DEAD-BOLT	ADDITIONAL SUGGESTIONS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METAL REINFORCEMENT ON WOOD DOOR				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REPAIR / REINFORCE DOOR-JAMB				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIN HINGES	#1	#2	RECOMMENDATIONS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSTALL "PEEP-HOLE" (200 DEGREE VIEW)	<input type="checkbox"/>	<input type="checkbox"/>	SATISFACTORY	
ADDITIONAL SUGGESTIONS						<input type="checkbox"/>	<input type="checkbox"/>	REPLACE ENTIRE ASSEMBLY	
						<input type="checkbox"/>	<input type="checkbox"/>	AUXILARY LOCK (EXTERIOR)	
						<input type="checkbox"/>	<input type="checkbox"/>	PIN TRACK (INSIDE)	

WINDOWS							
DOUBLE HUNG		CASEMENT		SLIDING		BASEMENT	
<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	SATISFACTORY
<input type="checkbox"/>	PIN WINDOWS	<input type="checkbox"/>	ADJUST LATCH	<input type="checkbox"/>	PIN WINDOWS	<input type="checkbox"/>	ADD GRILLE-WORK
<input type="checkbox"/>	AUXILLARY LOCK	<input type="checkbox"/>	REPLACE LATCH	<input type="checkbox"/>	AUXILLARY LOCK	<input type="checkbox"/>	INTERIOR LOCK BAR
<input type="checkbox"/>	SECURE WINDOW A/C	<input type="checkbox"/>	REMOVE CRANK	<input type="checkbox"/>	STICK / CHARLIE BAR	<input type="checkbox"/>	OTHER

**ADDITIONAL INFORMATION/RECOMMENDATIONS:**

**WAIVER AND RELEASE**

“I understand that the Isle of Palms Police Department is conducting a security survey of my residence/business as a **courtesy to help reduce my chances** of becoming a crime victim. I understand that even if I follow all of the suggested recommendations I can still become a victim of crime. I hereby release, waive, discharge covenant not to hold liable/sue the City of Isle of Palms, the Isle of Palms Police Department, or its employees, from any and all liabilities arising out of the completion of this survey or of following the recommendations in the survey. I understand that I have given up substantial rights by signing this waiver and release and sign it voluntarily. This waiver also binds my heirs and assignees.”

**Home Owner/Renter Name (Print):** \_\_\_\_\_

**Home Owner/Renter Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_