

Mankato Department of Public Safety--police
Security survey

I N F O			DATE RCVD / /	TIME RCVD	ICR # MKP			
	LOCATION		Apt. #	City	State	Zip		
Address								
BS	code	Full Name (Last, First, Middle) <input type="checkbox"/> Permanent Address and Phone # Below	DOB	Race	Hgt.	Wgt.	Hair	Eyes
	sex	Local Address <input type="checkbox"/> Current Address Verified			Home Ph. # ()			
CM	code	Full Name (Last, First, Middle) <input type="checkbox"/> Permanent Address and Phone # Below	DOB	Race	Hgt.	Wgt.	Hair	Eyes
	sex	Local Address <input type="checkbox"/> Current Address Verified			Home Ph. # ()			
MN	code	Full Name (Last, First, Middle) <input type="checkbox"/> Permanent Address and Phone # Below	DOB	Race	Hgt.	Wgt.	Hair	Eyes
	sex	Local Address <input type="checkbox"/> Current Address Verified			Home Ph. # ()			
					Work Ph. # ()			

Premise type: Single family Duplex Apartment Business

Recommendations areas

<p>Exterior - building</p> <input type="checkbox"/> Improve Lighting <input type="checkbox"/> Install / Repair Fencing <input type="checkbox"/> Trim Shrubs / Trees <input type="checkbox"/> Remove Debris <input type="checkbox"/> Limit Roof / Second Story Access <input type="checkbox"/> Display Address Properly (Contrasting / Large Font)	<p>Door</p> <input type="checkbox"/> Repair / Replace Door <input type="checkbox"/> Replace / Protect Glazing <input type="checkbox"/> Repair Jamb(s) / Frame(s) <input type="checkbox"/> Modify Hinges <input type="checkbox"/> Install Deadbolt With Thumb Turn <input type="checkbox"/> Repair / Replace Lock <input type="checkbox"/> Protect Bolt <input type="checkbox"/> Install Padlock / Hasp <input type="checkbox"/> Use Charlie-Bar <input type="checkbox"/> Install Flush Bolts <input type="checkbox"/> Secure With Bar and Lock <input type="checkbox"/> Secure Permanently <input type="checkbox"/> Establish Key Control <input type="checkbox"/> Install Security System <input type="checkbox"/> Install Security Video System <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<p>Windows</p> <input type="checkbox"/> Repair / Replace Window Hardware <input type="checkbox"/> Install Locks <input type="checkbox"/> Replace Glazing <input type="checkbox"/> Secure Permanently <input type="checkbox"/> Pin Windows <input type="checkbox"/> Protect With Bars / Screens
<p>Exterior - garage</p> <input type="checkbox"/> Repair Glass / Install Break Resist <input type="checkbox"/> Repair Doors <input type="checkbox"/> Modify Hinges <input type="checkbox"/> Secure Doors / Windows <input type="checkbox"/> Install Lock In Overhead Door Track <input type="checkbox"/> Install Door Locks <input type="checkbox"/> Cover Windows <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		<p>Safes</p> <input type="checkbox"/> Change Location <input type="checkbox"/> Protect Against Theft <input type="checkbox"/> Protect Against Fire <input type="checkbox"/> Change Combination
		<p>Alarms</p> <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Fire <input type="checkbox"/> Mechanical Failure <input type="checkbox"/> Provide City Key Holder Info

Priority recommendations

1	
2	
3	
4	