NO. _____ **REQUEST FOR SECURITY CHECK** NO. _____

ADDRESS _____ NAME _____ PHONE # _____

DEPARTURE DATE _____ RETURN DATE _____

PROBABLE ROUTE OF TRIP _____

TYPE PREMISES: RESIDENCE ☐ BUSINESS ☐ OTHER ☐ _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES ☐ NO ☐

IF YES, NAME _____ ADDRESS _____ PHONE # _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES ☐ NO ☐

IF YES, NAMES _____

_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES ☐ NO ☐

C/O NAME _____ ADDRESS _____ PHONE # _____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO NOTIFY YOU OF MY RETURN.

SIGNED _____ DATE OF REQUEST _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER*	OFFICER'S INITIALS

*IF PREMISES WERE UNSECURE OR EVIDENCE OF FORCED ENTRY PRESENT STATE IF YOU ENTERED AND CHECKED PREMISES. IF YOU FOUND ANY EVIDENCE OF VANDALISM OR THEFT MAKE SEPARATE REPORT.

G. A. THOMPSON - P.O. BOX 64681 - DALLAS, TEXAS 75206