City of Avondale Estates

Police Department

REQUEST FOR SECURITY CHECK

FAX TO: 404-299-8137

Address: _____ Name: _____ Phone #: _____

Departure Date _____ **Return Date** _____

Any Animals at the premises? Yes ☐ No ☐ If yes, describe: _____

Cars in driveway or on premises? Yes ☐ No ☐ If yes, describe: _____

Lights on inside premises? Yes ☐ No ☐ If yes, describe: _____

Have keys been left with anyone? Yes ☐ No ☐ If yes, complete the line below:

Name _____ Address _____ Phone # _____

Will anyone be working at or have access to premises during your absence? Yes ☐ No ☐

If yes, name(s) _____

_____

In case of emergency, do you wish to be notified? Yes ☐ No ☐ If yes, phone #: ( ) -

I request a security check be made of my premises and will notify you if my departure or return date(s) change

Signed _____ *Date of request* _____

OFFICERS' SECURITY CHECK REPORT

Date	*Time*	*Initials / #*	*Date*	*Time*	*Initials / #*	*Date*	*Time*	*Initials / #*

Officer Notes: _____

_____

_____

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