



21 North Avondale Plaza
Avondale Estates, GA 30002
PH: 404-294-5410
FX: 404-299-8137

REQUEST FOR SECURITY CHECK

Fill in the form below and select the submit button to email it to the City or save the completed form and email it as an attachment to rlong@avondaleestates.org. Forms can also be faxed 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 _____

OFFICER SECURITY CHECK REPORT

Date	Time	Initials/#

Date	Time	Initials/#

Date	Time	Initials/#

Officer Notes: _____

