

# Mebane Police Department

## Security Check Request Form

Name (last, first, middle): \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Alarm System: Yes No

Lights on Timer: Yes No

Local Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Alarm Company Name/Phone No.: \_\_\_\_\_

Cars Present: \_\_\_\_\_ Animals Present: \_\_\_\_\_

House Keeper, Care Taker, or Other Persons Authorized on Premise:

\_\_\_\_\_

Key Location: \_\_\_\_\_

Special Notes:

\_\_\_\_\_