

**OVILLA POLICE DEPARTMENT
SECURITY CHECK REPORT**

Name: _____ Address: _____

Request Made By: _____ Phone Number: _____

Reason For Security Check: _____ Premises Vacant: Yes No

Type Premises: Residence Business Other _____

Protected By Alarm: Yes No If Yes, Type Of Alarm: _____

Name Of Alarm Company: _____ Permit Number: _____

Lights Left On: Yes No If Yes, Constant Timer

Pets Left On Premises: Yes No If Yes, Type Pet _____

Vehicles Left On Premises: Yes No If Yes, Make: _____ Model: _____

Color: _____ License Plate State: _____ License Plate Number: _____

Name, Address and Phone Number Of Person Who Has Keys to Premises: _____

In Case Of Emergency, Phone Number(s) Where You Can Be Reached: _____

****If Number Is Long Distance, You Will Be Contacted Collect****

Security Check From: _____ AM / PM

To: _____ AM / PM

Signature of Person Making the Request

Date

OFFICER'S SECURITY CHECK REPORT ON BACK

Expires: _____ **AM PM**

This image shows a full page of handwriting practice paper. It features multiple rows of horizontal lines. Each row contains two diagonal slashes (/) positioned at approximately one-quarter and three-quarters of the way across the row, providing a guide for letter formation and placement. The paper is otherwise blank, with no text or other markings.