

**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

Security Check Address: _____ **Expires:** _____ **AM PM**

Date / Time / State If Premises Were Secure Or Other / Officer Initials & Badge #