LaGrange Police Department
Request For Security Check

Name:_____

Address:_____ Phone:_____ Additional Phone:_____

Departure Date:_____ Return Date:_____

Probable Destination:_____

Type Of Premises: Residence ____ Business____ Other____

Key holder While Out Of Town:_____

Relation Of Keyholder:_____

Address and Phone Number Of Key holder:_____

Additional Key holder While Out Of Town:_____

In Case Of Emergency Contact:_____

In Case Of Emergency Do You Wish To Be Contacted By Collect Call: Yes____ No____

I Request A Security Check Be Made Of My Premises And Agree To Notify You Of My Return.

Signed:_____ Date Of Request:_____

Officer's Security Check Report

Date	Time	State If Premises Were Secure	Officer Name

If Premises Were Unsecure or Evidence Of Forced Entry Are Present State If You Entered And Checked The Premises. If You Find Evidence Of Vandalism Or Theft File Report.