



ARGYLE POLICE DEPARTMENT

Security Check Request Form

Last Name _____ First _____ Middle _____ Suffix _____

Address _____ City _____ Zip _____

Home Phone Number (____) ____ - _____ Race ____ Sex ____ Date of Birth _____

Date Leaving _____ Date Returning _____

Emergency Number (____) ____ - _____ Alarm System (Y/N) _____ Lights On Timer (Y/N) _____

Local Contact Name/Address/Phone _____

Alarm Company Name/Phone _____

Cars Present _____ Animal Present _____

House Keeper, Care Taker, or Other Persons Authorized On Premises _____

Key Location _____

Special Notes _____