

**JACKSBORO POLICE DEPARTMENT
PATROL DIVISION
Security Check Request**

Name of Owner _____

Address _____

Phone Number _____ Email _____

Date Begin _____ Date End _____

Type of Premises _____ Business _____ Residence _____ Other _____

Alarm System Yes _____ No _____

Lights Left On? _____ Where? _____

Animals Left at Premises? _____

Who Has Access to Premises? _____

Emergency Contact Person _____

Emergency Contact Phone Number _____

Any Additional Information: _____

Signature: _____ Date: _____

Employee Receiving Request: _____