



TOWN OF LLOYD

POLICE DEPARTMENT

REQUEST FOR SECURITY CHECK

Name: _____

Address: _____

Phone: _____

Departure Date: _____ **Return Date:** _____

Route of Trip: _____

Building Being Checked: Residence / Business

Other: _____

Key Holder to Building Y / N

If so:

Name: _____

Address: _____

Phone: _____

Will anyone be on the premises during your absence Y / N

If yes – Name: _____

Do you want to be notified in case of emergency Y / N

If yes – Phone you can be reached at: _____

Signature _____ **Date:** _____

If there is any further information you feel we should know of please add to an additional sheet of paper and return with this form.