

ATTENTION ALL DEPUTIES REQUEST FOR SECURITY CHECK

Return form by mail, email, fax or in person:
MCSO, 115 South Perry St., Mtgy., AL 36104; fax 832.2500

NAME:

ADDRESS:

PHONE:

EMAIL ADDRESS:

DEPARTURE DATE:

RETURN DATE:

TYPE PREMISES: RESIDENCE BUSINESS OTHER

KEYS LEFT WITH ANYONE?

IF YES, NAME:

PHONE:

ADDRESS:

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO THE PREMISES DURING YOUR ABSENCE?

IF YES, PLEASE GIVE THE NAMES BELOW:

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL?

NOTE: CELL PHONE NUMBERS CAN NOT RECEIVE COLLECT CALLS

IF YES, AT WHAT PHONE NUMBER:

IF NO, WHO SHOULD WE NOTIFY?

NAME:

ADDRESS:

PHONE:

Continued on Next Page

WILL THERE BE ANY LIGHTS LEFT ON?
IF YES, HOW MANY LIGHTS AND WHERE?

WILL THERE BE ANY CARS IN THE DRIVEWAY?
IF YES, GIVE A DESCRIPTION:

DO YOU HAVE A SECURITY SYSTEM?
ANY ADDITIONAL INFORMATION WE NEED TO BE AWARE OF: