



KARNES CITY POLICE

SECURITY CHECK FORM

Please print. *Information is required. Please fax to 830-780-2391 or deliver to the Police Department

*ADDRESS: _____

*PHONE #: _____ EMAIL: _____

*BEGIN DATE: _____ *RETURN DATE: _____

*REASON FOR REQUEST: PLEASE EXPLAIN (VACATION, THREATS, OTHER)

DESTINATION: _____

*CONTACT PERSON WHILE YOU ARE AWAY: _____

*NAME: _____ *PHONE: _____

PERSON HOUSE SITTING (IF APPLICABLE):

NAME: _____ PHONE: _____

VEHICLE DRIVEN BY HOUSE SITTER: _____

*VEHICLES ON THE PROPERTY: (MAKE, MODEL, AND LICENSE PLATE #)

ADDITIONAL INFORMATION: (SECURITY ALARM? NEWSPAPER DELIVERY STOPPED? LIGHTS ON A TIMER?)

APPLICANT'S SIGNATURE

DATE

Office Use Only
