



Office 903.432.3522

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Security / Out of Town Check

Number: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact Number for Home Owner: \_\_\_\_\_

Premise Type: \_\_\_\_\_ Keys left w/ anyone: \_\_\_\_\_

Is there anyone allowed access while gone: \_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_

Local Emergency Contact Number: \_\_\_\_\_

House Information

Mail or Paper stopped: Yes or No      Alarm on Property: Yes or No      Lights left on: Yes or No

Animals on Property: Yes or No      If Yes, Name(s) and type: \_\_\_\_\_

Vehicles on Property: Yes or No      If Yes, Provide Description: \_\_\_\_\_

\*I request a security check be made and I agree to notify Tool Police Department when I return home:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Requested

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_