Office 903.432.3522 701 N. Tool Dr Tool, Tx 75143 Fax 903.432.9385

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 ☐ No ☐ Alarm on Property: Yes ☐ No ☐ Lights left on: Yes ☐ No ☐

Animals on Property: Yes ☐ No ☐ If Yes, Name(s) and type:_____

Vehicles on Property: Yes ☐ 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

****** Security Checks will only be conducted for a 14 day cycle.***
****** Each resident location is allowed three Security Checks per year.***
****** If "YES" is answered to the question, "Is there anyone allowed access while gone", this request will be denied.***