



City of Lancaster

POLICE DEPARTMENT

PROUDLY PROTECTING AND SERVING OUR COMMUNITY



TREE CITY USA

1650 N Dallas Ave * Lancaster, TX 75134 * 972.218.2700 * 972.218.2790 FAX
www.lancaster-tx.com

RESIDENTIAL SECURITY CHECK REQUEST FORM

(This request expires after 14 days from date of issuance.)

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Race _____ Sex _____ Date of Birth _____

Date Leaving _____

Date Returning _____

Emergency Phone # _____ Alarm System (Y/N) YES NO

Local Contact Name/Address/Phone # _____

Alarm Company Name/Phone # _____

Cars Present _____ Animals Present _____

House keepers, Care Taker or Other Person Authorized On Premises _____

Key Location _____

Special Notes _____

**** DO NOT WRITE BELOW THIS LINE *** OFFICIAL USE ONLY ****

Employee Receiving Request

Name

Initials

Date

Employee Receiving Request

Name

Initials

Date

System ID # for Request

