Athens Police Department Security Check Request Form

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APD Check#:	
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Please print and fill out this form. Completed applications may be submitted in person at Athens Police Department (24 hours a day). A hard copy of this form is also available at our office at 951 E. Hobbs Street for your convenience.

E. Hobbs Street for your convenien	nce.		70	
Homeowner Name(s)			Address to be checked by Athens Police:	Phone:
				Alternate Phone:
Departure Date:			Expected Return Date:	
Premises Type: (Check one)	Residential	Business	Other (please explain)	
Who have you chosen as th	ie keyholder who v	vill respond in t	he event a problem or emergency is dis	covered on your property?
Keyholder:			Address:	Phone:
	holder, do you wa	nt to be notified	l if a problem or emergency is discover	ed?
c/o Name:			Address:	Phone:
				Alternate Phone:
c/o Name:			Address:	Phone:
				Alternate Phone:
List all persons who will be	working at, or ha	ve access to, voi	r property during your absence:	
Name:			Address:	Phone:
				Alternate Phone:
Name:			Address:	Phone:
				Alternate Phone:
I request a securi	ty check of my		n my absence and agree to in nent upon my return.	nmediately notify the police
Signed:				Date:
Once completed, you may	submit this form i	n person to Ath applic	ens Police Department at your convent ations by email or by fax.	ience, 24 hours/day. We can not accept

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