



Athens Police Department
951 East Hobbs Street
Athens, Alabama 35611
256-233-8700



Security Check Request

APD Check No.: _____
(Office use only)

Please print and fill out this form. Completed applications may be submitted in person, Monday - Friday (8:00am - 4:30pm) or email: dispatch@athensal.us

Owner's Name: _____ Phone No.: _____

Address: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Emergency/Key Holder Contact

Name: _____ Phone No.: _____

Address: _____

List all persons who will be working at or have access to the property.

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

List any vehicle that will be left on the property: _____

If you have any lights on timers, please list time(s) they are to turn on/off: _____

I request a security check be made of premises and agree to immediately notify the Athens Police Department upon my return.

Signed: _____ Date of Request: _____