

LOCUST GROVE



POLICE DEPT.

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JESSE PATTON
CHIEF OF POLICE

KEN SWANSON
ASST. CHIEF OF POLICE

Security Check

Business

Residential

Name (Business / Resident): _____

Address: _____

Contact Number: _____

Vehicles at Location? Yes No

If yes, Describe:

Lights on? Yes No

If Yes, Where:

Emergency Contact:
Name _____ Phone Number _____
Name _____ Phone Number _____

Start Date: _____ **End Date:** _____

Additional Information not requested above:

****Form must have an End Date to be accepted. If additional time is required, an additional form will need to be submitted with new Start and End Dates.****