



City of Alpharetta
Department of Public Safety
Vacation Security Check Form

Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____
Address: _____ City: _____ Zip: _____
Home Tel: _____ Race: _____ Sex: _____ Date of Birth: _____
Date Leaving: _____ Date Returning: _____

Other Information

Emergency Number: _____ Alarm System: Yes No Lights on Timer: Yes No
Local Contact Name: _____ Telephone: _____
Address: _____ City: _____ Zip: _____
Alarm Company: _____ Telephone: _____
Cars Present (Make/Model/Color): _____
Animals Present (Time/Number): _____
List all Persons Authorized On Premises: _____
Key Location: _____
Special Notes:

Signature: _____ Date: _____

For Internal Use Only

Date Application Received: _____ Received By: _____ SEC# _____
Entered By: _____ Signed: _____