



LARGO POLICE DEPARTMENT

Residential Security Check Service Application

Last Name _____ First Name _____ Middle _____ Suffix _____

Address _____ City _____ ZIP _____

Home Phone Number (____) ____ - ____ Race _____ Sex _____ Date of Birth _____

Date Leaving: _____ Date Returning: _____ (Contact L.P.D. if you return early)

In Case of Emergency (____) ____ - ____

Alarm System (Y/N) _____ Lights On Timer (Y/N) _____ Time On: _____ Time Off: _____

Local Contact Name, Address and Phone Number _____

Alarm Company Name/Phone: _____

Cars Present _____ Tag No. _____ Make/Color _____

Animal Present _____

Housekeeper, Caretaker or Other Persons Authorized on Premises _____

Key Location _____

Special Notes: _____

When completed, mail this form to: **Largo Police Department**
ATTENTION: Majors' Office
201 Highland Avenue
Largo, FL 33770
(727) 587-6707