



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