



Name:

Glenwood Police Department

Security Check Request Form

Address:

City:	Sta	ate:	Zip: _			
Home #:		Cell #:				
	Type of Premises:	Residence	Business	Other		
Depart	ure Date:	Retur	n Date:			
Reason for Ch	eck:					
Special Reque	st/Instructions:					
		Key Holders:				
Name:	Phone #:					
Name:	Phone #:					
Name:	Phone #:					
	equestor:Officer	r's Security C				
Date	Time	Comi	ment		Badge #/Initials	

Officer's Security Check Log