

Union County Sheriff's Office

Security Request Form

Name:

DOB:

Sex:

Race:

Address:

Home Phone: () -

Mobile Phone: () -

Email:

Premise Type: ☐ Residential ☐ Business ☐ Other:

Reason for Extra Patrol: ☐ Premise will be vacant ☐ Other:

Premise is equipped with Alarm System: ☐ YES ☐ NO

If Yes, Alarm Company Name:

Interior lights will be left on: ☐ Yes ☐ NO ☐ On Timer/Automatic

Area of lights:

Animals on Premise ☐ YES ☐ NO

If Yes, Number of Animals:

Type: ☐ Dog ☐ Cat ☐ Other, Describe:

Vehicles on premise: ☐ YES ☐ NO

Number of Vehicle left on premise:

Describe:

Are you leaving keys with anyone: ☐ YES ☐ NO

Relationship:

Name:

Address:

Home Phone:

Mobile Phone:

Other Person with access to premise: ☐ YES ☐ NO

Relationship:

Name:

Address:

Home Phone:

Mobile Phone:

IN CASE OF EMERGENCY:

Name:

Address:

Home Phone:

Mobile Phone:

Additional information:

I request that Union County Sheriff's Office enter this information into their computer system to assist with extra patrols and emergencies circumstances.

I will be LEAVING:

Returning:

PLEASE RETURN FORM TO:

Weddington Town Hall
1924 Weddington Road
Weddington NC 28104

EMAIL: david.plyler@unioncountync.gov