



POLICE DEPARTMENT VENDOR/WORKER SECURITY FORM

Please Print Legibly

Name (Last, First Middle): _____

DL or ID Card (State and Number): _____ SSN: _____

Current Address: _____

Phone – Work: _____ Phone – Other: _____

Occupation: _____

Company: _____

Supervisor Name: _____ Phone: _____

I am requesting entry into secure areas of the San Marcos Police Department Headquarters Building. I understand that prior to being given access; a criminal history query will be completed as well as a wanted persons search. I understand this is done as a safety precaution not only for the protection of the employees on site, but also for the welfare of the San Marcos citizenry. My signature below indicates my understanding of this procedure and my permission to have these checks completed.

Signature: _____ Date: _____

Witness: _____

For Departmental Use:

Computer Check Date: _____ File Disposition: _____

Approved: _____ Declined: _____ Authority: _____