



Security Services, Inc.
912-961-0040

Security Services quote request form

Location: _____

Customer name: _____

Title: _____

Bill attn. to: _____

Tel. Number: (_____) _____

Fax Number: (_____) _____

Location where services will be provided: _____

Days of the week: Sat. Sun. Mon. Tue. Wed. Thur. Fri.

Date From _____ To _____

Hours From _____ To _____

Armed

Unarmed

Special instructions: _____
