

# Onancock Police Department

15 North Street

Onancock, VA 23417

Phone (757) 787-8577

Fax (757) 787-3309

## Request for Residence Check

<u>REQUESTED BY:</u>			<u>PHONE No.:</u>
_____	_____	_____	(    )    -
LAST	FIRST	MIDDLE	

**LOCATIONS 911 ADDRESS**

<u>STREET No.:</u>	<u>STREET:</u>	<u>TOWN:</u> Onancock	<u>STATE:</u> VA	<u>ZIP:</u> 23417
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**GENERAL INFORMATION**

<u>DESTINATION ADDRESS:</u>		<u>DESTINATION PHONE No.:</u>
_____		(    )    -
<u>DEPARTURE DATE:</u>	<u>RETURN DATE:</u>	<u>SECURITY SYSTEM:</u>
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>AUTOMATIC LIGHTS:</u>	<u>IF AUTO LIGHT WAS YES, PLEASE MARK LOCATION:</u>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	1 <sup>ST</sup> FLOOR: <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> RIGHT-SIDE <input type="checkbox"/> LEFT-SIDE	
	2 <sup>ND</sup> FLOOR: <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> RIGHT-SIDE <input type="checkbox"/> LEFT-SIDE	

WILL ANY VEHICLE(S) BE LEFT ON THE PROPERTY:     YES     NO

IF YES PLEASE LIST VEHICLE(S)

1. _____
2. _____
3. _____

WILL ANYONE BE WORKING ON THE RESIDENCE:     YES     NO

IF SO, WHO: \_\_\_\_\_

**EMERGENCY CONTACT(S)**

<u>NAME:</u>	<u>PHONE No.:</u>	<u>CELL No.:</u>
_____	(    )    -	(    )    -
<u>STREET No.:</u>	<u>STREET:</u>	
_____	_____	
<u>TOWN/CITY:</u>	<u>STATE:</u>	<u>ZIP:</u>
_____	_____	_____
<u>NAME:</u>	<u>PHONE No.:</u>	<u>CELL No.:</u>
_____	(    )    -	(    )    -
<u>STREET No.:</u>	<u>STREET:</u>	
_____	_____	
<u>TOWN/CITY:</u>	<u>STATE:</u>	<u>ZIP:</u>
_____	_____	_____

**This security check service in no way guarantees that your property will be safe from vandalism or burglary, but merely provides the department with information of your whereabouts and the pertinent facts if a crime should occur.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_