

REQUEST FOR RESIDENCE CHECK

Requestor:		
<u>Phone No.:</u> () -	<u>Cell Phone No.:</u> () -	<u>E-Mail:</u>
<u>House Number:</u>	<u>Street Name:</u>	
<u>Town:</u> Onancock		<u>State:</u> VA
		<u>Zip:</u> 23417
<u>Departure Date:</u>		<u>Return Date:</u>
<u>Destination:</u>		<u>Destination Phone No.:</u> () -

<u>Automatic Lights:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	If auto lights was yes, please mark location: 1 st Floor: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Other: _____ 2 nd Floor: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Other: _____
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Will any vehicle(s) be left on the property: Yes No

If yes, please list vehicles and locations:

--Vehicle Make--	--Location--
1.	
2.	

Will anyone be working on the property: Yes No

If yes, who?

Emergency Contacts:

<u>Name:</u>	<u>Phone No.:</u> () -	<u>Cell No.:</u> () -
<u>Name:</u>	<u>Phone No.:</u> () -	<u>Cell No.:</u> () -
<u>Name:</u>	<u>Phone No.:</u> () -	<u>Cell No.:</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. Officers will do random checks on the above residence.

Requestor's Signature: _____ Date: _____

Have a safe journey and please contact us if you return before the above return date.

ONANCOCK POLICE DEPARTMENT
15 North Street
Onancock, VA 23417