

ONANCOCK POLICE DEPARTMENT

15 North Street
Onancock, VA 23417

Request for Residence Check

<u>REQUESTED BY:</u>		<u>CELL PHONE:</u>	<u>HOME PHONE:</u>	<u>EMAIL:</u>
Location to be check:				
<u>HOUSE NUMBER:</u>	<u>STREET:</u>	<u>TOWN:</u> Onancock	<u>STATE:</u> VA	<u>ZIP CODE:</u> 23417
<u>DEPARTURE DATE:</u>		<u>RETURN DATE:</u>		<u>SECURITY SYSTEM:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>OUTDOOR MOTION LIGHTS</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>INTERIOR AUTOMATIC LIGHTS</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>IF AUTOMATIC LIGHTS WAS ANSWERED "YES" PROVIDE LOCATION:</u> 1 st Floor : <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right Side <input type="checkbox"/> Left Side 2 nd Floor: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right Side <input type="checkbox"/> Left Side		
If any vehicle will be left on the property, please provide the vehicle information below.				
1.	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>REGISTRATION NUMBER</u>
2.	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>REGISTRATION NUMBER</u>
3.	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>REGISTRATION NUMBER</u>

Will the town's provided water be disconnected? ☐ YES ☐ NO

How may boats will be left on the property? ☐ YES ☐ NO

Who will be working on the property? ☐ YES ☐ NO

Will anyone be visiting the property, if so, who? _____.

Emergency Contacts:				
<u>NAME:</u>		<u>PHONE NUMBER:</u>	<u>PHONE NUMBER:</u>	
<u>HOUSE NUMBER:</u>	<u>STREET:</u>	<u>TOWN:</u>	<u>STATE:</u>	<u>ZIP CODE:</u>
<u>NAME:</u>		<u>PHONE NUMBER:</u>	<u>PHONE NUMBER:</u>	
<u>HOUSE NUMBER:</u>	<u>STREET:</u>	<u>TOWN:</u>	<u>STATE:</u>	<u>ZIP CODE:</u>
<u>NAME:</u>		<u>PHONE NUMBER:</u>	<u>PHONE NUMBER:</u>	
<u>HOUSE NUMBER:</u>	<u>STREET:</u>	<u>TOWN:</u>	<u>STATE:</u>	<u>ZIP CODE:</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.

Turn this form into Onancock Town Office, during normal business hours or emailed to ewilliams@onancock.com, subject "request for residence check".

Requestor's Signature:

Date:

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