

PEARISBURG POLICE DEPARTMENT
RESIDENTIAL SECURITY CHECK REQUEST

NAME: _____

ADDRESS: _____

DEPARTURE DATE: _____

RETURN DATE: _____

HAVE KEYS BEEN LEFT WITH ANYONE: YES _____ NO _____

IF YES, NAME: _____

ADDRESS: _____

PHONE: _____

WILL ANYONE BE WORKING AT THE RESIDENCE: YES _____ NO _____

IF YES, NAMES: _____

DO YOU HAVE LIGHTS WITH TIMERS IN THE RESDIENCE: YES _____ NO _____

WHAT PHONE NUMBER MAY YOU BE REACHED AT IN CASE OF AN
EMERGENCY: _____

IF YOU CAN'T BE REACHED, IS THERE SOMEONE THAT WE MAY CONTACT:

NAME: _____

PHONE: _____