**REQUEST FOR RESIDENCE CHECK**

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Requestor:. | | | | | | | | | Phone No.:  (   )     - | | Cell Phone No.:  (   )     - | | | E-Mail: | | | | House Number: | Street Name: | | | | | | | | Town:  Onancock | | | | State:  VA | | Zip:  23417 | | | Departure Date: | | | Return Date: | | | | | | Destination: | | | | | | | Destination Phone No.:  (   )     - |  |  |  | | --- | --- | | Automatic Lights:  Yes No | If auto lights was yes, please mark location:  1st Floor: Front Rear Right Left Other:\_\_\_\_\_\_\_\_\_\_\_\_\_  2nd Floor: Front Rear Right Left Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 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:**   |  |  |  | | --- | --- | --- | | Name: | Phone No.:  (   )     - | Cell No.:  (   )     - |  |  |  |  | | --- | --- | --- | | Name: | Phone No.:  (   )     - | Cell No.:  (   )     - |  |  |  |  | | --- | --- | --- | | Name: | Phone No.:  (   )     - | Cell No.:  (   )     - |   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 |