

Town of Oakboro
REQUEST FOR HOME SECURITY CHECK

Date Leaving: __/__/__

Date Returning: __/__/__

NAME: _____

ADDRESS _____

PHONE NUMBER AT ABOVE ADDRESS: (____) _____

ALARM SYSTEM: YES: ____ NO: ____

LIGHTS ON TIMERS: YES: ____ NO: ____

VEHICLES IN DRIVEWAY: YES: ____ NO: ____

VEHICLE DESCRIPTION: _____

PERSONS WORKING ON THE PROPERTY: YES: ____ NO: ____

DESCRIPTIONS: _____

KEY HOLDER INFORMATION: _____

PHONE NO. _____

HOMEOWNER'S CONTACT NUMBER (S) WHILE AWAY: (____) _____

FOR POLICE USE ONLY

INFORMATION RECEIVED VIA: MAIL: ____ WALK IN: ____ PHONE ____ INTERNET ____

OFFICER RECEIVING INFORMATION: _____