Belhaven Police Department

F. P. Clingenpeel
Chief of Police

Establish 1899

Residential Security Check

Address to be Checked: _____ Requestor's Name: _____

Location where you may be reached? _____ Phone #: _____

List name and number of anyone who has a key to this location: _____

Description of property to be checked: _____

Description of any vehicles left at residence (include Plate #'s) _____

_____

Alarm System: YES/NO (If yes answer questions below)

1. Is anyone monitoring your alarm system? YES/NO Who? _____
2. Will anyone respond to the location if the alarm is activated? YES/NO Who? _____
3. Do you wish to be notified if the alarm system is activated? YES/NO
   We will automatically notify you or your designated responder if there is a problem.

Lights left on? YES/NO If yes where? _____

Lights left on timers? YES/NO If yes, times on and off: _____

Will anyone have permission to be on the property until you return? YES/NO If yes, give the authorized person(s) name:

_____

In case of an emergency, give us the name, address, and phone number of someone we may notify in the event we are unable to make contact with you?

Name: _____

Address: _____ Phone #: _____

Home security check will begin on: _____ Date you will return home: _____

Home security check will expire 30 days from the start date.

Signature: _____ Date: _____

NOTICE: The Belhaven Police Department provides the Home Security Program to residences and businesses of Belhaven. This service will be provided for up to 30 days. At the end of that time the home security will expire without further notice to the requestor. This service is provided to help secure your property while you are away from Belhaven.

Date	Time	Notes	Officer

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http://www.belhavennc.us