

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: \_\_\_\_\_