

HOMEOWNER(S) REQUEST FOR RESIDENCE CHECK

Departure Date: _____ Return Date: _____
(Must be at least 30 DAYS from Departure Date & MUST BE FILLED IN or form will be REJECTED, no exceptions)

Owner's Name: _____ Local Phone #: _____

Ocean Pines Address: _____ Section & Lot #: _____

EMERGENCY INFORMATION

Address (include City & State):

Phone # _____ Work Phone # _____

Name & Phone # of person to be contacted in case of an emergency, if unable to contact you:

Have keys to your Ocean Pines residence been left with anyone? Yes _____ No _____

If Yes, list Names, Addresses, and Phone Numbers:

Will anyone be working at, or have access to premises during your absence? Yes ___ No ___

If Yes, Name of Person or Company: _____

Lights on a Timer: Yes _____ No _____ Alarm System: Yes _____ No _____

Name and Phone # of Alarm Company: _____

Will there be any vehicles left on the property? Yes _____ No _____

If Yes, Make, Model, color: _____

I request a residence check be made of my premises once a week by a uniformed police officer. In the event that my residence is found to be open, and or unlocked, I hereby give my consent for the Ocean Pines Police Department to enter my residence to perform a limited search of same for intruders.

Signature of person requesting Premise Check: _____

Date: _____

Officer/Dispatcher: _____ Date Received: _____