# RESIDENCE CHECK

Owner/Renter _____
Address _____
Phone # _____

Keholder _____
Keyholder Address _____
Keyholder Phone # _____

Alarm System? _____
Alarm Co. _____ Phone # _____

List any others that may have access to the premises: (relatives, Neighbors, Employees, Etc.)
Name/Address/Phone # _____

List any vehicles that may be left on the premises: (Make, Model, Tear, Color, Tags, Etc.)
Vehicle: _____

Comments: _____

If you wish to be notified in the event of an emergency, please provide contact information.
Emergency Info: _____

| Date Leaving | Date Returning | Officer | Date Checked |
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Southern Shores Police Department
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