



# OXFORD POLICE DEPARTMENT CITY OF OXFORD

204 E. McClanahan St. P.O. Box 1186 Oxford, North Carolina 27565  
PHONE (919) 693-3161 FAX (919) 693-7990

## Request For Residential/ Property Security Check

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Probable Route of Trip : \_\_\_\_\_

Type Premises Residence  Business  Other \_\_\_\_\_

Have keys been left with anyone? Yes  No

If Yes, Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

If Yes, Names \_\_\_\_\_

In Case of Emergency Do you wish to be contacted? Yes  No

### In Case of Emergency Contact

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address : \_\_\_\_\_

\*\*\* I request a security check be made of my premises and agree to notify the police department upon my return.

Signature: \_\_\_\_\_ Date of Request \_\_\_\_\_

### Office Use Only

Entered by: \_\_\_\_\_ Date Entered \_\_\_\_\_

No. \_\_\_\_\_