



TOWN OF RIVER BEND
POLICE DEPARTMENT

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River Bend, NC 28562

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Residential Security Check

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

Location where you may be reached: _____ Phone No. _____

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

Description of property to be checked:

Description of any vehicles left at residence (include License Plate Numbers):

Alarm System: YES NO (If YES, answer questions below)

1. Is anyone monitoring your alarm system? YES NO If YES, Who? _____

2. Will anyone respond to the location if the alarm is activated?: YES NO If YES, 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 on timers? YES NO If YES, times on and off: _____

Will anyone have permission to be on the property while you're away? YES NO

If yes, provide the authorized person's name: _____

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

Name: _____ Phone No. _____

Address: _____

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

Signature: _____ Date: _____

DATE	TIME	NOTES	OFFICER