



Dear Ocean Pines Homeowner:

Residence Checks are a service provided by the Police Department on a weekly basis, WHENEVER POSSIBLE, for residences WHICH WILL BE VACANT FOR 30 DAYS OR LONGER. The Police Department reserves the right to suspend any and all checks when deemed necessary.

A request form must be filled out, in person at the Ocean Pines Police Department prior to your departure, WITH A DEFINITE RETURN DATE LISTED. Your request form will be terminated upon your return or on the return date shown on the form. A new request must be filled out for your next departure, if our services are again requested.

In the event that you return to your Ocean Pines home prior to the indicated return date, THE POLICE DEPARTMENT MUST BE NOTIFIED IMMEDIATELY, IN PERSON. Failure to notify the Police of an early return could result in an extremely stressful situation for the homeowner and for the police officer checking the house. If the Police Department has not been notified of the homeowner's early return, premise checks will be discontinued for failure to notify this office.

The request forms may be obtained from the Ocean Pines Police Department at anytime, RENEWAL IS THE RESPONSIBILITY OF THE HOMEOWNER.

THIS FORM WILL NOT BE ACCEPTED BY THE POLICE DEPARTMENT
UNLESS THERE IS A RETURN DATE LISED

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 contact person 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: _____

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: _____