## Holden Beach Police Department Keep /Welfare Check Request Form

Name:	Phone #	
Address:		
Begin Date/Time:/(Maximum Keep Check period is 14 days unless expressly approved	Max. 14 days) End Date/Time:/	
Check Reason:VacationPast Crimes	ConstructionOther	
Travel Destination Address:		
Alternate Phone Number(s) for Destination:		
<b>Parties Allowed on Property</b>		
Name:	Phone #	
Property Details		
Lights On In:Living BedroomsD	iningKitchenGarageDenOther	
Timers Present:YN		
Alarm System:YN Camera System:	YN Pets at PropertyYN	
Recent crime in area:YN Explain:		
Vehicles at location:YNO	Outside In Garage Under House	
Make, Model, Color, Registered Owner, License#,	License State (if other than above)	
Special Instructions:		
First Emergency Contact/Keyholder		
Name:		
Physical Address:		
	Alt Phone Number:	
Contact notified of absence:YN		

(Please turn over and complete back of form)

Second Emergency Contac	t/Keynolder
Name:	
Physical Address:	
Phone Number:	Alt Phone Number:
Contact notified of absence:	YN
Acknowledgement	
By signing this form, I under	estand and acknowledge that the Holden Beach Police Department is not offering
any special duty or property	protection for the location or persons indicated herein and that the only services I
will receive are those exclusi	ively associated with normal police duties which may include a more thorough
check of my property in my	absence. I further acknowledge that the Holden Beach Police Department is
assuming no liability whatso	ever in connection with this request.
I further acknowledge all of	the following by initialing each block:
This check request e	xpires 14 days from the beginning date above(Unless DVPO attached), and
I must notify Holder	Beach Police Department of any changes to this form while it is active, and
I must notify the Ho	lden Beach Police Department if the property will be occupied in conflict with
information on this form.	
Property Owner Signature	Date:
DVPO / No Contact Inform	nation (Complete Only if Court Ordered Protection Exist)
Domestic Violence Protectio	n Order (DVPO)/No Contact Order in Place:YN
Copy Attached:Y	N
Name of person protected from	om:
Current Address:	
Date of Birth:	Phone #(s):
Physical Description (Height	t, Weight, Race, Sex, Hair Style, Color, Eye Color, Corrective lenses, Normal
Wardrobe Habits, Scars, Tatt	toos, other pertinent feature(s)):
Vehicle(s) Description (Mak	e, Model, Color, Lic.#, Lic State, Distinct Features(Dents, Stickers, Accessories)):