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:/ ved by Chief/designee)(DVPO time frame should equal DVPO Court Order)
Check Reason:VacationPast Crimes	ConstructionOther
Travel Destination Address:	
Alternate Phone Number(s) for Destination:	
Parties Allowed on Property	
Name:	Phone #
Property Details	
Lights On In:Living Bedrooms [DiningKitchenGarageDenOther
Timers Present:YN	
Alarm System:YN Camera System	n:YN Pets at PropertyYN
Recent crime in area:YN Explain:	
Vehicles at location:YNN	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:	
Phone Number:	Alt Phone Number:
Contact notified of absence:YN	

(Please turn over and complete back of form)

Second Emergency Contact/K	eynoider
Name:	
Physical Address:	
Phone Number:	Alt Phone Number:
Contact notified of absence:	_YN
Acknowledgement	
By signing this form, I understar	nd and acknowledge that the Holden Beach Police Department is not offering
any special duty or property pro-	tection for the location or persons indicated herein and that the only services I
will receive are those exclusivel	y associated with normal police duties which may include a more thorough
check of my property in my abso	ence. I further acknowledge that the Holden Beach Police Department is
assuming no liability whatsoeve	r in connection with this request.
I further acknowledge all of the	following by initialing each block:
This check request expi	res 14 days from the beginning date above(Unless DVPO attached), and
I must notify Holden Be	each Police Department of any changes to this form while it is active, and
I must notify the Holder	n Beach Police Department if the property will be occupied in conflict with
information on this form.	
Property Owner Signature:	Date:
DVPO / No Contact Informati	on (Complete Only if Court Ordered Protection Exist)
Domestic Violence Protection O	Order (DVPO)/No Contact Order in Place:YN
Copy Attached:Y	N
Name of person protected from:	
Current Address:	
Date of Birth:	Phone #(s):
Physical Description (Height, W	Veight, Race, Sex, Hair Style, Color, Eye Color, Corrective lenses, Normal
Wardrobe Habits, Scars, Tattoos	s, other pertinent feature(s)):
Vehicle(s) Description (Make, N	Model, Color, Lic.#, Lic State, Distinct Features(Dents, Stickers, Accessories)):