

COATS POLICE DEPARTMENT

PROPERTY SECURITY CHECK REQUEST

Residential Program • Maximum 30 Days • Residence Must Be Within Incorporated Town Limits

RESIDENT INFORMATION

Resident / Homeowner Name

Primary Phone

Email Address

Alternate Phone

Residence Address

City / ZIP

ABSENCE INFORMATION

Departure Date

Expected Return Date

Total Days Away

Destination / General Travel Area (optional)

Best Number While Away

PROGRAM ELIGIBILITY — CHECK EACH STATEMENT

- ☐ Residence is within the incorporated limits of the Town of Coats.
- ☐ I am temporarily away from my primary residence for 30 days or less.
- ☐ No house sitter or other person will be staying at the residence.
- ☐ This is not a between-tenant rental or otherwise vacant/unoccupied residence.

EMERGENCY CONTACT

Emergency Contact Name

Relationship

Primary Phone

Alternate Phone

RESIDENCE INFORMATION

Alarm Company / System

Alarm Company Phone

- ☐ Alarm Active
- ☐ Exterior Cameras
- ☐ Lights / Timers
- ☐ Pets / Animals

VEHICLES REMAINING AT RESIDENCE

Year

Make / Model

Color

License Plate

AUTHORIZED PERSONS WHO MAY ENTER — BUT WILL NOT STAY AT THE RESIDENCE

Name

Phone

Vehicle / Description

SPECIAL INFORMATION / AREAS OF CONCERN

COATS POLICE DEPARTMENT

PROPERTY SECURITY CHECK REQUEST — ACKNOWLEDGMENT

PROGRAM ACKNOWLEDGMENT

I understand that property security checks are conducted as calls for service and officer availability permit. Participation does not guarantee that my residence will be checked at a specific time or frequency and does not constitute continuous surveillance. I understand that officers do not provide pet care, collect mail or packages, water plants or lawns, or perform property-maintenance services. If evidence of a break-in, property damage, suspicious activity, or another problem requiring attention is discovered, the Coats Police Department may attempt to contact me and/or my emergency contact and take appropriate police action. I agree to notify the Coats Police Department when I return home.

☐ I have read and understand the program acknowledgment above.

Resident / Homeowner Signature (type full name)

Date

Request Received By

Date / Time Received

Please notify the Coats Police Department when you return home.

Coats Police Department • 25 East Main Street • Coats, NC 27521