



Residential Security Check

Wilson's Mills Police Department

100 Railroad Street
Wilson's Mills, NC 27593
chief@wilsonsmillsnc.org

Address to be Checked: _____

Requestor's Name: _____

Location where you may be reached: _____

Phone Number: _____

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

Description of property to be checked: _____

Description of any vehicles left at residence (include plate numbers if known): _____

Will anyone have permission to be on the property while you're away?

____ Yes ____ No If yes, provide the authorized person(s) name:

Alarm System? ____ Yes ____ No

Lights left on? ____ Yes ____ No

Home Security Check will begin on: _____

Date you will return home: _____

Signature: _____

Date: _____