Oak Island Police Security Check Request

Security check request will be honored for a thirty (30) day period. The Oak Island Police Department will not be held responsible for break-ins or damages. This is a courtesy not a guarantee.

Name: _____

Address: _____

Date Leaving: _____

Date Returning: _____

Emergency Contact Person: _____

Phone Number for Contact Person: _____

Vehicles Left: _____
Make Color License

_____
Make Color License

Alarm: Yes or No Lights: Constant or Automatic Dogs: Yes or No

Person(s) with access/key to premises: _____
_____

Date:	Time:	Officer:	Date:	Time:	Officer	Date:	Time:	Officer: