

**Holden Beach Police Department
Keep Check Request Form**

Property Owner Name: _____

Address: _____

Phone Number _____ Alt Phone Number _____

Begin Date _____ Begin Time _____

End Date _____ (Max. 60 days) End Time _____

List All parties allowed on property while you are away. _____

Lights On: N Y Where? _____

Vehicles at location: N Y Color,Type,Location, _____

Contact/Keyholder Name: _____

Phone Number _____ Alt Phone Number _____

Special Instructions: _____

By signing this form, I understand 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 exclusively associated with normal police duties which may include a more thorough check of my property in my absence.

I further acknowledge all of the following;
-This keep check request expires 60 days from the beginning date above, and
-I must notify Holden Beach Police Department of any changes to this form while it is active, and
-I must notify the Holden Beach Police Department if the property will be occupied in conflict with information on this form.

Officer Name/Signature: _____/_____

Property Owner Signature _____