



ROUND VALLEY POLICE DEPARTMENT RESIDENTIAL SECURITY CHECK GUIDELINES



The Round Valley Police Department is pleased to offer a Security Check when you are away from your residence for an extended time. We recommend that you complete the form at least a week prior to leaving so your residence will be on the list when you do leave.

Security Checks are generally done by our CVPs who are trained volunteers with the Round Valley Police Department. This check generally entails a visual check of the exterior of the residence and outbuildings and ensuring that vehicles, gates, lighting and the general security of the residence is intact and in accordance with your request. CVPs will walk the exterior of the residence where access is applicable. If something suspicious is observed the CVP will immediately contact a patrol officer who will respond and further investigate the concern. Checks are generally done at least once a week.

After reading the guidelines listed below please complete the attached form and return it in person to the Round Valley Police Department or by regular mail at (Round Valley Police Department, 418 E. Main Street, Springerville, AZ 85938), or fax (928-333-3350).

In order to provide this service in an efficient and safe manner the following guidelines are in place.

Security Checks are provided for residences that will be temporarily vacant while the owner is on vacation/seasonal/etc. Please pay attention to the following guidelines to ensure that your residence qualifies.

- Security Check requests are valid for absences no less than 5 days and up to 6 months.
- After 6 months, if you want to request further checks you may do so after you have checked on the residence to ensure all is well.
- We require an updated, completed/signed request for security check form every 6 months to remain on the list.
- After 6 months, only extra patrol in the area will be provided. However, your information will be kept on file for up to one year in case we do find something suspicious and need to contact you.
- Residences that are for sale/for rent will not be eligible to be added to the list. Checks on these properties/residences are to be the responsibility of the realtor/seller/etc.
- This program is not available if you have family/friends in the area who can check on the residence.
- This program is not available if there might be temporary visitors in your absence.
- This program is not available if someone will be caring for your pets or plants, etc. while you are gone.

WAIVER

I agree to hold the Town of Eagar, the Eagar Police Department and its agents harmless for any injury or damage that may occur to/on my property during my absence.

Printed Name of Owner: _____

Signature of Owner: _____ Date: _____

Waiver must be witnessed by Police Department employee.

Witnesses by: _____

Title: _____ Date: _____

ROUND VALLEY POLICE DEPARTMENT
REQUEST FOR SECURITY CHECK

| | | | |
|---|--|--------------------|--|
| NAME: _____ | | PHONE#: _____ | |
| ADDRESS: _____ | | | |
| DEPARTURE DATE: _____ | | RETURN DATE: _____ | |
| DESTINATION: _____ | | | |
| AUTOMATIC LIGHTS: NO__ YES__ IF YES, LOCATION _____ | | | |
| HAVE KEYS BEEN LEFT WITH ANYONE? YES__ NO__ PHONE# _____ | | | |
| IF YES, NAME: _____ | | ADDRESS: _____ | |
| DESCRIPTION OF VEHICLE LEFT ON PROPERTY: _____ | | | |
| License Plate : _____ | | Make: _____ | |
| Model: _____ | | Color: _____ | |
| License Plate : _____ | | Make: _____ | |
| Model: _____ | | Color: _____ | |
| WILL ANYONE BE WORKING AROUND THE PREMISES DURING YOUR ABSENCE? | | | |
| YES__ NO__ IF YES, NAME(S): _____ | | | |
| IN CASE OF EMERGENCY HOW DO WE NOTIFY YOU? YES__ NO__ | | | |
| C/O NAME: _____ | | ADDRESS _____ | |
| (This will be a collect call) | | PHONE# _____ | |

DEAR RESIDENT,

This security check service in no way guarantees that your property will be safe from vandalism or burglary, but merely provides the police department with information of your whereabouts and other pertinent facts if a crime should occur.

Have a safe journey and please call us upon your return at 928-333-4240 #2 (Monday – Thursday) to be removed from our list.

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES, I AGREE TO ABIDE BY THE GUIDELINES LISTED ON THE ATTACHED WAIVER, AND AGREE TO ALLOW EMPLOYEES OF THE EAGAR POLICE DEPARTMENT TO:

- ENTER MY PROPERTY AND,
- IF NECESSARY, MY RESIDENCE OR
- ANY BUILDINGS ON MY PROPERTY

SIGNED _____

DATE _____