

FOXFIRE VILLAGE POLICE DEPARTMENT

Residence Check Form

| Name | Address |
|------|---------|
| | |

| Date Leaving | Time |
|--------------|------|
| | |

| Date Returning | Time |
|----------------|------|
| | |

| Emergency Contact Information | | | | | |
|-------------------------------|---------|--------|--------|--------|-------|
| NAME | ADDRESS | Home # | Cell # | Work # | Email |
| | | | | | |
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Please leave information regarding lights left on (or on a timer), anyone who may be coming by your residence, anyone with a key, or any other information you feel we need to be aware of.

This form may be emailed, faxed, or delivered to the Foxfire Village Police Department.

Email: to cs hue@foxfirenc.com or cadams @foxfirenc.com

Fax to: 910-295-1341

Deliver to the Police Department Drop Box located next to the Entrance door to the Council Meeting Room.

Foxfire Village Police Department
One Town Hall Drive
Foxfire Village, NC 27281