Ocean City Police Department

Ocean City, Maryland 21842

Residential Security Check

Name: _____ DOB: _____

Sex: ☐ Male ☐ Female

Address: _____

Race: ☐ Asian / Pacific Islander
☐ Black
☐ Native American
☐ White
☐ Other

City: Ocean City St: MD Zip: 21842

Phone: (_____) _____

Emergency Phone: (_____) _____

Begin Date: ____/____/____

E-Mail: _____

End Date: ____/____/____

House Alarm? ☐ Yes ☐ No If YES, Company Name: _____

Phone: (_____) _____

Local Contact? ☐ Yes ☐ No If YES, Contact Name: _____

Phone: (_____) _____

Will vehicles be at the residence? Describe: _____

Are there any pets at the residence? Describe: _____

Identify housekeepers, caretakers or other
persons with permission to occupy residence: _____

Lights on timer? ☐ Yes ☐ No

Emergency Keys Available? ☐ Yes ☐ No If YES, location: _____

Please complete the form above and return to:

Public Affairs Office
Ocean City Police Department
6501 Coastal Hwy
Ocean City, Maryland 21842