

# PAGE COUNTY SHERIFF'S OFFICE

Sheriff John B. Thomas  
Residential Security Check

Property Owner: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

(15 Day Maximum unless otherwise approved)

Will anyone else be checking the property or have permission to be there?

YES or NO

If yes list name and contact information: \_\_\_\_\_

Local person to contact or your contact information in case of an emergency:

Residential Alarm	YES	NO
Automatic/Timer Lights	YES	NO
Dogs/Other Pets	YES	NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This service is a courtesy and is not a guarantee against possible thefts, fire, vandalism, or any other loss or damage.

### Office Use Only

Approved By: \_\_\_\_\_

### Property Checked

Date/Time: _____	Unit: _____	Date/Time: _____	Unit: _____
Date/Time: _____	Unit: _____	Date/Time: _____	Unit: _____
Date/Time: _____	Unit: _____	Date/Time: _____	Unit: _____
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Date/Time: _____	Unit: _____	Date/Time: _____	Unit: _____
Date/Time: _____	Unit: _____	Date/Time: _____	Unit: _____

Comments/Notes: \_\_\_\_\_