DOUGLAS COUNTY SHERIFF'S OFFICE REQUEST FOR RESIDENTIAL SECURITY CHECK

Name:	Address **:	
City:	Phone:	Cell Phone:
House Description (type; single/multi-level, and co	lor/s):	
Departure Date: Return Date:		Destination:
Possible route of travel:		
Have keys been left with anyone? □ No □ Yes	Name:	Phone:
Address: Vehic	cle Identification:	
Do you have an Alarm System? Yes No		
Emergency Contact Person NameAddress	City	Phone
	ess to the premises of	r will be working around during my/our absence:
Will there be any Vehicles, Boats, left at the Home License Number.		while you are gone. If so please list type and
Will you leave any lights, Radio or anything else on us what.		
I hereby request security checks be made on my premy return. I understand these checks will not guarant Office holds no liability for any damage(s) during manage(s)	ntee security of my p	otify the Douglas County Sheriffs Office upon premises and that the Douglas County Sheriff's
Signature:	Date:	

** Please ensure your house number is visible from the street.