

Page County Sheriff's Office

Property Owner _____ Phone Number _____

Address _____ Cell Number _____

Date of Departure: _____ Date of Return: _____

*Will anyone else be checking the property or have permission to be there? **YES or NO**

If yes, please list name and contact information: _____

*Local person to contact in case of an emergency: _____

Residential Alarm **YES or NO**

Automatic Timer Lights **YES or NO**

Dogs or Other Pets **YES or 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: _____

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

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

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

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

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

Comments/Notes: _____
