MADISON COUNTY
DEPUTY SHERIFF'S ASSOCIATION

(LAKE DIVISION)

LOT#_____ HOUSE CHECK #_____

NAME:_____

ADDRESS:_____

HOME PHONE #_____EMERGENCY PHONE #_____

DEPARTURE DATE:_____RETURN DATE:_____

PLEASE INDICATE IF YOU HAVE AN ALARM SYSTEM
HOME SECURITY SYSTEM? YES_____ NO_____

HAVE KEYS BEEN LEFT WITH ANYONE? YES_____ NO_____

TO WHOM: NAME:_____PHONE # _____

ADDRESS: _____WISH TO BE NOTIFIED: YES____NO_____

WILL ANYONE HAVE ACCESS TO THE PREMISES OR SHALL ANYONE BE ON OR WITHIN

THE PREMISES? YES_____ NO_____

IF YES, NAME:_____TITLE:_____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND I AGREE TO NOTIFY YOU

OF MY RETURN OF ANY CHANGES.

SIGNED:_____DATE:_____

DRIVE BY SECURITY _____WALK AROUND SECURITY_____

DATE CALLED IN:_____RECEIVED BY:_____

ADDITIONAL INFORMATION:_____

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Revised 11/98