Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_Return Date:\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Your Emergency Contact Information**

What other numbers can you be reached? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are you traveling to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your house alarmed? \_\_\_\_\_ |If yes, name of Alarm Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designated Emergency Contact List**

\*List the individuals you have selected as emergency contacts while you are away. These people should: 1) Know your plans 2) Be able to respond to your home with a key 3) Know how to reset your alarm 4) Know when something is suspicious that needs attention. We will contact the individuals you have designated in the order you have listed them, starting with Primary Contact #1.

Primary Contact #1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Primary Contact #2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Primary Contact #3 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**People Authorized to be at your Home**

Please list the names and type of relationship for all other people expected to stop by the home. These are known individuals who are not considered as a primary contact, example: lawn care provider, maintenance worker, pet sitter.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Work: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Work: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Work: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Work: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Work: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet Information**

Please describe any Dogs or Cats left in the home and is the animal aggressive to strangers.

Type of Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aggressive? \_\_\_\_\_\_

Type of Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aggressive? \_\_\_\_\_\_

Type of Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aggressive? \_\_\_\_\_\_

Do the animals have access to secured areas such as the backyard? \_\_\_\_\_\_

**Vehicle Information**

Please describe any vehicles that are left behind while you are away, or any vehicles used by individuals who may stop by your residence for other reasons.

Make: \_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_ License Plate # \_\_\_\_\_\_\_\_\_\_

Make: \_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_ License Plate # \_\_\_\_\_\_\_\_\_\_

Make: \_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_ License Plate # \_\_\_\_\_\_\_\_\_\_

Make: \_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_ License Plate # \_\_\_\_\_\_\_\_\_\_

Make: \_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_ License Plate # \_\_\_\_\_\_\_\_\_\_

**SPECIAL INSTRUCTIONS**

The TEXT box below allows you the opportunity to provide additional information not covered so far. This can include information that describes what lights may be on timers inside the home, how mail or newspapers are being collected and by whom, previous damage to a particular window or door, or any other information that you feel is important for us to know.

**­**

I hereby request members of the Allen County Sheriff’s Department to perform random House Security Checks on my residence during my absence. The information contained herein is accurate to the best of my ability. I give permission for Allen County Officers to enter my property to conduct a security check of my property, and to enter the residence if exigent circumstances are present. (Example: found open door or window, evidence of a burglary, investigation of an alarm etc) I understand that the Allen County Sheriff’s Department will make every effort to keep my residence secure, and I agree that there is no crime prevention strategy that is absolutely effective against all crime. This Security Check is part of a layered approach to crime prevention, and I agree other steps should be taken on my behalf. I hereby hold harmless, the Allen County Sheriff’s Department, of any circumstance beyond their control, which may result in damage to my property.

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For Officer’s Use Only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs

Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time(s) of Check: \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ Hrs