

# Jackson County Sheriff's Office

## REQUEST FOR SECURITY CHECKS

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

TYPE OF PREMISES: \_\_\_\_\_

HAVE KEYS BEEN LEFT W/ ANYONE? \_\_\_YES \_\_\_NO IF YES, WHO?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY TIMERS ON? \_\_\_YES \_\_\_NO IF SO, TIMES: \_\_\_\_\_ ALARMS: \_\_\_YES \_\_\_NO

WILL ANYONE BE WORKING THERE/HAVE ACCESS DURING YOUR ABSENCE: \_\_\_YES \_\_\_NO

IF YES, WHO?: \_\_\_\_\_ PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? \_\_\_YES \_\_\_NO

IF YES, PHONE NUMBER: \_\_\_\_\_

OTHER INFORMATION PERTINENT TO YOUR ABSENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BY SIGNING BELOW, I ACKNOWLEDGE THAT THE JACKSON COUNTY SHERIFF'S OFFICE MAY PERIODICALLY MONITOR THE EXTERIOR OF MY RESIDENCE TO THE EXTENT STAFFING AND RESOURCES ALLOW WHILE AWAY ON THE DATES SPECIFIED ABOVE. HOWEVER, I ALSO ACKNOWLEDGE THAT DUE TO OTHER ESSENTIAL FUNCTIONS OF THE SHERIFF'S OFFICE, THE JACKSON COUNTY SHERIFF'S OFFICE CANNOT GUARANTEE THE SECURITY OF MY RESIDENCE AND IS NOT LIABLE OR RESPONSIBLE FOR ANY THEFT, DAMAGE, ETC. TO MY RESIDENCE WHILE AWAY. I UNDERSTAND THIS SERVICE PROVIDED BY THE JACKSON COUNTY SHERIFF'S OFFICE IS AT NO CHARGE BUT DOES NOT RELIEVE ME OF THE RESPONSIBILITY FOR TAKING MEASURES TO SECURE MY PROPERTY.**

**I REQUEST A SECURITY CHECK BE MADE ON MY PREMISES AND AGREE TO NOTIFY YOU ON MY RETURN.**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

DATES AND TIMES THAT THE PREMISES IS CHECKED WILL BE LOGGED INTO THE JACKSON COUNTY SHERIFF'S OFFICE RECORDS MANAGEMENT SYSTEM.