Email to sheriff@livgov.com

TWP. _____

SEC. _____

NEAREST CROSSROAD(S) _____

_____

LIVINGSTON COUNTY SHERIFF DEPARTMENT

REQUEST FOR SECURITY CHECK

NO. _____

ADDRESS _____ NAME _____ PHONE # _____

DEPARTURE DATE _____ RETURN DATE _____

PROBABLE ROUTE OF TRIP _____

TYPE PREMISES: RESIDENCE ☐ BUSINESS ☐ OTHER ☐ _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES ☐ NO ☐

IF YES, NAME _____ ADDRESS _____ PHONE # _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES ☐ NO ☐

IF YES, NAMES _____

_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES ☐ NO ☐

C/O NAME _____ ADDRESS _____ PHONE # _____

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

SIGNED _____ DATE OF REQUEST _____

List any vehicles being left on property:

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER*	OFFICER'S INITIALS

*IF PREMISES WERE UNSECURE OR EVIDENCE OF FORCED ENTRY PRESENT STATE IF YOU ENTERED AND CHECKED PREMISES. IF YOU FOUND ANY EVIDENCE OF VANDALISM OR THEFT MAKE SEPARATE REPORT.

LCSD-PDO-19