



Washington County Sheriff's Office  
 Larry R. Mincks, Sheriff  
 CR-46

Issued 110104 Revised 01202015

**RESIDENCE CHECK REQUEST**

ID Checked by \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**Exact Location** of Property: \_\_\_\_\_

Request by: \_\_\_\_\_

Reason for Check: \_\_\_\_\_

Dates Residence Shall be Checked: From: \_\_\_\_\_ To: \_\_\_\_\_

Alarm System at Residence: [ ] Yes [ ] No Type: \_\_\_\_\_

Motion Sensor: Inside: [ ] Yes [ ] No Outside: [ ] Yes [ ] No

**RESIDENCE LIGHTING**

OUTSIDE: [ ] Yes [ ] No Exact Location: \_\_\_\_\_

INSIDE: [ ] Yes [ ] No Exact Location: \_\_\_\_\_

**KEYS**

Who has Keys?

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**OTHER INFORMATION**

Others who have access/permission to premises: \_\_\_\_\_

**Emergency Notification:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

*It is the policy of the Washington County Sheriff's Office to conduct residence checks for no more than three months and/or 90 days. If you are gone for a period of 1-21 days, attempts will be made daily to check the above residence. If you are gone for 22-90 days, attempts will be made twice a week to check the above residence.*

**I agree to contact the Washington County Sheriff's Dispatcher upon my return to the above residence.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_