CHARLEVOIX COUNTY SHERIFF'S OFFICE
W.D. (DON) SCHNEIDER, SHERIFF

Request for Security Check of Residence or Business

NAME OF PROPERTY OWNER: _____ PHONE NUMBER: _____

LOCAL ADDRESS: _____ TOWNSHIP: _____

DEPARTURE DATE: _____ RETURN DATE: _____

TYPE OF PREMISES: _____RESIDENCE: _____ BUSINESS: _____ OTHER: _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES _____ NO _____

IF YES, NAME: _____ ADDRESS: _____ PHONE: _____

WILL ANYONE BE WORKING OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES: _____NO: _____

IF YES, NAME: _____ ADDRESS: _____ PHONE: _____

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

EMERGENCY PHONE NUMBER: _____

ADDRESS WHERE WE MAY CONTACT YOU: _____

I HEREBY REQUEST THAT THE CHARLEVOIX COUNTY SHERIFF'S OFFICE INSPECT MY PREMISES WHILE I AM OUT OF THE COUNTY OF CHARLEVOIX AND I AGREE TO NOTIFY THE SHERIFF'S OFFICE UPON MY RETURN:

SIGNED: _____ DATE OF REQUEST: _____

Officers Security Check Report:

DATE	TIME	STATUS OF PREMISES	OFFICERS NAME

ADDITIONAL INFORMATION: