Office of the Sheriff

Charlevoix County

Charles Vondra, Sheriff

Todd C. Reeves, Undersheriff
Derek Gaylord, Jail Administrator
Deb Storm, Office Manager

REQUEST FOR SECURITY CHECK OF RESIDENCE OR BUSINESS

NAME OF PROPERTY OWNER: _____ PHONE #: _____

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 #: _____

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: _____

DEPUTY'S SECURITY CHECK REPORT:

DATE	TIME	STATUS OF PREMISES	DEPUTY'S NAME

ADDITIONAL INFORMATION:

1000 GRANT ST. CHARLEVOIX, MI 49720
PHONE #: 231-547-4461 FAX #: 231-547-6720