FRANKLIN COUNTY SHERIFF'S OFFICE
HOUSE CHECK REQUEST FORM

NAME:
ADDRESS:
EMERGENCY CONTACT #:

DATE LEAVING: **DATE RETURNING:**

KEY HOLDER NAME:
KEY HOLDER ADDRESS:
KEY HOLDER PHONE #:

SECURITY COMPANY NAME:
PHONE #:

PERSONS ALLOWED ON PROPERTY:

NAME: **PHONE #:**
NAME: **PHONE #:**

VEHICLE ON PREMISES:

YEAR: **MAKE:** **LICENSE #:**
YEAR: **MAKE:** **LICENSE #:**

HOMEOWNER'S SECURITY MEASURES:

LIGHTS/RADIO LEFT ON: **LIGHTS/RADIO TIMER:**
PETS ON PREMISES:

OTHER COMMENTS:

By completing this form, you the homeowner understand that the Franklin County Sheriff's Office does not assume any liability for loss or damage to the above listed property during the specified dates.

DATE	TIME	OFFICER	REMARKS