## Grant County Sheriff's Department Request for Security Check

Home own	ier name.						
Address: _							
Home Phone:				-	Cell phone:		
Date departing:				Date returning:	Date returning:		
Type of pre	emise:	Private resid	dence	Business	Other		
Will lights I	be left on	Yes	No Will th	ne lights be on a timer	Yes No		
Alarm Company				Phone num	Phone number		
Have the k	eys been lef	t with someo	ne?: Ye	s No			
<i>If yes, who</i> Name:							
Address: _							
Home Phone:				-			
• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••			
Will anyon	e have acces	ss to the prer	nises during th	e absence:	No		
<i>If yes, who</i> Name:							
Address: _							
Home Pho							
Vahiala Da							
Vehicle Description: Year: Make Model			Model	Color			
• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••			
Date	Time	Officer	Remarks				
			-				
+		<del> </del>					