SHERIFF'S OFFICE



Citizens Observer Patrol House Check Application

Owners name (last)	(first)		Date		
Address			Lot o	or Apt. #	
Phone #	Away Phone	#(emergency only)		
Date Leaving	Date Returning _		Vehicles In Drive (y/n)		
Vehicle Information: Tag	#	Make		Color	
Keyholder Name			Phone #		
Alarm System (y/n)	If Yes, Is It Monitored (y/n)	Phone #_			
Lights Left On (y/n)	Lights On Timer (y/n)	Time On	Ti	Time Off	
	zen Observer Patrol to ph				return.
HOMEOWNERS SIGN	ATURE		DATE		
Date Time	COP No Ok?	Date	Time	COP No	Ok?
		-			