Muscatine County Sheriff's Office
Request for Residence Check

No._____ No._____

Name:_____Address:_____Phone:_____

Location of Residence:_____

Departure Date:_____ Return Date:_____

Probable Route of Trip:_____

Are there dogs on the premises? Yes ☐ No ☐ Are they confined? Yes ☐ No ☐

Have Keys been left with anyone? Yes ☐ No ☐

If Yes: Name:_____Address:_____Phone:_____

Will anyone be working at or have access to premises while you are gone? Yes ☐ No ☐

Vehicles they may be driving:_____

In case of emergency do you wish to notified by collect call? Yes ☐ No ☐

Name:_____Address:_____Phone:_____

I REQUEST A SECURITY CHECK TO BE MADE OF MY PREMISES AND AGREE TO NOTIFY YOU UPON MY RETURN.

Signed:_____ Date of Request:_____

LIST HERE ANY OTHER INFORMATION SUCH AS LIGHTS LEFT ON, RADIOS LEFT ON, LOGHTS ON TIMERS (what the settings are) VEHICLES LEFT, ETC;

OFFICERS SECURITY CHECK REPORT:

Date	Time	State if premises were secure or other	Deputy/Deputies