



Residence Check List

The undersigned authorizes the Franklin County Sheriff's Office to check the exterior security of the residence listed below. A Franklin County Sheriff's Office deputy will make an effort to inspect the property for a thirty (30) day period; however, the Sheriff's Office can not accept liability to insure the safety of the property or the frequency of the checks.

The following information MUST be completed (please print):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date(s) of vacancy: From: \_\_\_\_\_ To: \_\_\_\_\_

1. List anyone who may have access/key to the property (At least one name and phone number must be provided).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Does the property have an alarm? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Audible? \_\_\_\_\_ Silent?

If yes, is alarm monitored? \_\_\_\_\_ Yes \_\_\_\_\_ No

By Whom?: \_\_\_\_\_

3. Will there be lights on at the property?

INTERIOR \_\_\_\_\_ Yes \_\_\_\_\_ No Manual: \_\_\_\_\_ Yes \_\_\_\_\_ No
Sensor: \_\_\_\_\_ Yes \_\_\_\_\_ No
Dusk to Dawn: \_\_\_\_\_ Yes \_\_\_\_\_ No

Location(s): \_\_\_\_\_

EXTERIOR \_\_\_\_\_ Yes \_\_\_\_\_ No Manual: \_\_\_\_\_ Yes \_\_\_\_\_ No
Sensor: \_\_\_\_\_ Yes \_\_\_\_\_ No
Dusk to Dawn: \_\_\_\_\_ Yes \_\_\_\_\_ No

Location(s): \_\_\_\_\_

4. Is the backyard accessible to the police? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there DOGS on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Are there weapons (firearms) at the location? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Are there pets at the residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Did you stop mail service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you stop newspaper service? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Will there be any vehicles at the location? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driveway: \_\_\_\_\_ Yes \_\_\_\_\_ No Make: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Garage: \_\_\_\_\_ Yes \_\_\_\_\_ No Make: \_\_\_\_\_ License Plate #: \_\_\_\_\_

9: Any other useful information: \_\_\_\_\_

WAIVER OF LIABILITY: In consideration of my residence being monitored by the Franklin County Sheriff's Office, I hereby release and agree to hold harmless the Franklin County Sheriff's Office, its employees and agents from any and all liability for any property damage or incident, which may result in my absence. This release of employees and agents shall apply to any right of action that might occur to my property. Further, I understand that if there are any changes to my plans, I will notify the Franklin County Sheriff's Office at 802-524-2121.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_