



Grays Harbor County Sheriff's Department

P.O. Box 630, Montesano, WA 98563 (360) 249-3711

RESIDENTIAL PATROL

SPILLMAN # _____
BAKER AREA _____

Date of Departure _____ Date of Return _____

Name _____ Home Phone _____
Address _____ House Color _____

Vehicles at residence _____

Person with Key _____ Home Phone _____
Address _____ Work Phone _____

Persons Authorized to be on Premises

Will any lights be left on for security purposes? _____ Location _____

Do you have an alarm? _____ Is alarm monitored? _____

Will any dogs be left at the residence? _____ Will they be aggressive towards us? _____

Additional information _____

I request a security check of my residence and agree to notify the Sheriff's Department immediately upon my return. Security checks will be discontinued on the date given above. Security checks are done as a courtesy, and will be completed as time and manpower allow.

Signed _____ Date _____

| Date/time/personnel # | Date/time/personnel # |
|-----------------------|-----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |