



# ***Grays Harbor County Sheriff's Department***

MICHAEL J. WHELAN, Sheriff 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 #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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