



Wilson County Sheriff's Office House Check

Applicant Information

Departure Date _____ (MM/DD/YYYY) Departure Time (HH:MM) _____

Return Date _____ (MM/DD/YYYY) Return Time (HH:MM) _____

Name _____ Phone _____

Address _____ ZIP _____

Emergency Contact (other than resident)

Name _____ Phone _____

Address _____ Alt. Phone _____

Vehicles left on premises

Color _____ Make _____ LP _____ Location _____

Color _____ Make _____ LP _____ Location _____

People with permission to be on property (lawn care, maid service, pet care, pool service)

Name _____ Phone _____ Vehicle _____

Name _____ Phone _____ Vehicle _____

Name _____ Phone _____ Vehicle _____

Animals left on premises

Type/Breed _____

Type/Breed _____

Alarm Company Information

Company Name _____ Phone _____

Contact _____ Phone _____

In case of emergency, do you wish to be notified?

If so, please list the location and phone number of where you can be reached while you are away, including area code:

Please list any additional information that may be helpful to our officers (broken windows, missing screens, lights on timers, etc.):

Email Form to: dispatch@wcsotx.org

Fax Form to: (830)393-8382

