Wilson County Sheriff's Office House Check

SHERIFF
OFFICE (000

Departure Date		(MM/DD/YYYY) Departure Time (HH:MM)				
Return Date		(MM/DD/YYYY) Return Time (HH:MM)				
Name		Phone				
Address		ZIP				
Emergency Contac	ct (other than r	esident)				
Name		Phone				
Address		Alt. Phone				
Vehicles left on pr	emises					
Color	Make	LP		Location	-	
Color	Make	LP		Location	-	
People with perm	ission to be on	property (lawn ca	are, maid servic	e, pet care, pool service)		
Name	Phone		Veh	icle		
Name	Phone		Vehicle			
Name	Phone		Veh	Vehicle		
Animals left on pr	emises					
Type/Breed						
Type/Breed						
Alarm Company Ir	nformation					
Company Name			Phone			
Contact			_ Phone			
In case of emerger	ncy, do you wisl	n to be notified?				
If so, please list the	e location and p	hone number of	where you can I	oe reached while you are	away,	
including area cod	e:					
Please list any add	itional informat	tion that may be h	elpful to our of	ficers (broken windows,		
missing screens, lig	ghts on timers,	etc.):				

Email Form to: dispatch@wcsotx.org

Fax Form to: (830)393-8382

Applicant Information

Authorization: I request a vacation watch be made of my premises and agree to notify you of my							
return. Signa	ature						
For Departm	nent Use						
Received By		Date					
Number	Distric	ct	_				
Date Cancel	ed	Time	Ву				
DATE	TIME	OB	SERVATIONS				
			-				

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