__sheriff__ Jeffrey J. Dawsy

SECURITY WATCH REQUEST FORM There is a 6-month time limit for security watch service.

	Start Date		End Date	
	Name			10 m
Address			City	
	dinance requires all homes to be			
Sub Division		_ Home Phone (_		
Directions (Required):				
Phone number where we	can contact you out of			
Local emergency contact p	person? Name:		Phone: (
Do you have an alarm sys	tem? Y N Who i	s the service provid	der:	
Do you have lights on in y	our home or on a tim	er? (recommended	d) Yes	No
Will any vehicles be left in	the driveway? Make	: Mode	el:C	olor:
Are there any domestic ar	nimals in or around the	e home? Yes	No	
Name of person or compa	nny (& phone number)	authorized to be o	on your property	:
Any other pertinent inform	nation we should know	w about?		
Sheriff's member taking rec	uest (Print Name):		Date:/	
Taken By Phone: Yes	No If yes, pleas	se read the disclaime	r below to the ow	ner / caretaker.
A house check is a courtesy from being a victim of crin early, please notify the Erreserves the right to cancel	ne and it does not guar mergency Operations C	rantee the security conter immediately a	of your home. In	the event you return
Signature of owner/caret	aker (if possible)		Date	e
FOR OFFICE	USE ONLY: Ro	outed and Assigned t	0:	
Citrus County Sheriff's Of	fice, 1 Dr. Martin Luther	King, Jr., Avenue, I	nverness, Florida	34450 352.726.4488