

Livingston County Sheriff's Office

Michael J. Murphy, Sheriff

Residential Security Check Request

Full Name _____ DOB _____

Address _____

City _____

Phone Number _____ DL # _____

Email Address _____

Date Leaving _____ Date Returning _____

Person to Contact _____ Phone Number _____

Alarm on Premises? Yes No Lights on Timers? Yes No

If Yes, Alarm Company Name _____ Phone Number _____

Gated Community Yes No

If Yes, Access Information _____

Other Individuals Who May Be On Premises _____

List All Vehicles Which Will Be Left On Property _____

PLEASE SUBMIT BY EMAIL BELOW

OR

PRINT & DELIVER TO LIVINGSTON COUNTY SHERIFF'S OFFICE

BLANK FORMS AVAILABLE UPON REQUEST