

**JEFFERSON COUNTY SHERIFF’S OFFICE**

JIM ADKINS, SHERIFF

**675 NW CHERRY LANE, MADRAS, OREGON 97741**

**PHONE: (541) 475-6520 • FAX: (541) 475-3847**

**www.co.jefferson.or.us/sheriff**

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**HOUSE** **CHECK** **REQUEST**

FOR OFFICE USE ONLY

Date: Time Received:

CAD #: Emailed to Deputies:

Name: Phone No.:

Address:

Start Date: End Date/Time:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No |  |  |
| Will someone be looking after the house? |  |  | Name: | Phone #: |
| Will anyone be given keys or access to the house during your absence? |  |  | Name: | Phone #: |
| Will any lights be left on? |  |  | What rooms?: | If on timers, when? |
| Paper and mail stopped? |  |  |  |  |
| Will any vehicles be left on the property? |  |  | Year/Make: | Model: |
| Is a burglar alarm installed? |  |  | Silent Audible | Visual |
| How is it activated? |  |  | Sound Contacts | Light Beams Other |
| Which alarm company, or who should be contacted if alarm is activated? |  |  | Name: | Phone #: |
| Is there someone local we could contact in an emergency? |  |  | Name: | Phone #: |
| Will there be a dog in the yard? |  |  | Describe |  |
| Can you be reached in case of an emergency? |  |  | How/Where? |  |
| How many times a week would you like a  Deputy to check your house? |  |  | Circle: 1 2 3 |  |
| Remarks: |  |  |  |  |

I do hereby grant and request the Jefferson County Sheriff’s Office to visually and physically check upon the property listed above. I understand that no guarantee is made nor assurance given against loss, theft or damage to the premises or property. I agree to hold harmless the County of Jefferson, the Jefferson County Sheriff’s Office, and all their respective staff and Deputies for any and all claims for personal injury, loss or damage to property that may be suffered by me through any action or lack thereof by the Jefferson County Sheriff’s Office.

Signed this day of , .

Print Name: Sign: