



OCONEE COUNTY SHERIFF'S OFFICE

Request for Security Check

INSTRUCTIONS

UNLESS A SHORTER TIME IS SPECIFIED, SECURITY CHECKS WILL REMAIN IN EFFECT FOR 30 DAYS FROM THE BEGINNING DATE INDICATED ON THIS FORM. IF THE CIRCUMSTANCES REQUIRING CHECKS THAT EXCEED 30 DAYS, THE REQUESTOR MUST RENEW THIS REQUEST BY CONTACTING OCONEE COUNTY SHERIFF'S OFFICE COMMUNICATIONS DIVISION AT (706) 769-5665.

PLEASE USE THE COMPLETE FORM TO PROVIDE ADDITIONAL INFORMATION ABOUT THE INCIDENT LEADING TO THE REQUEST FOR SECURITY CHECK, INCLUDING THINGS THAT THE DEPUTIES WILL ENCOUNTER OR NEED TO BE AWARE OF DURING PATROLING.

PLEASE INCLUDE: WHO AND WHAT VEHICLES DEPUTIES SHOULD LOOK FOR, WHAT TYPE OF ACTIVITY TO LOOK FOR, WHAT HAPPENED TO CAUSE YOU TO REQUEST A SECURITY CHECK, ALARM SYSTEMS, LIGHTS ON TIMERS, PEOPLE THAT MAYBE AT THE LOCATION, AND ANY DOGS OR OTHER PETS AT THE LOCATION.

OFFICIAL USE ONLY

SECURITY CHECK NUMBER ZONE 1 ZONE 2

REASON FOR REQUEST: FOR EXTRA PATROL FOR SECURITY THREATS PLEASE EXPLAIN IN THE ADDITIONAL INFORMATION SECTION.

ADDITIONAL INFORMATION: PROVIDE INFORMATION ON WHY EXTRA PATROL IS REQUESTED:

ADDRESS:

LOCATION TYPE: RESIDENCE BUSINESS

OWNER'S NAME:

HOME PHONE: BUSINESS PHONE:

BEGINNING DATE: ENDING DATE:

WHERE YOU MAY BE REACHED IN THE EVENT OF AN EMERGENCY:

PHONE NUMBER: IN CARE OF

LIST NAMES OR PEOPLE AND DESCRIPTIONS OF VEHICLES THAT ARE ALLOWED TO BE AT THE LOCATION DURING THIS PERIOD OF TIME:

THIS PERSON MAY ALSO BE CONTACTED IN THE EVENT OR AN EMERGENCY:

NAME:

ADDRESS:

HOME PHONE: BUSINESS PHONE:

I agree to notify the Oconee County Sheriff's Office when I return, where the security check can be cancelled, or this form needs updating. I understand that this request is for a general service that may be provided, as time and circumstance permits, by the Oconee County Sheriff's Office. I am also aware that in the process of providing this service, the Oconee County Sheriff's Office, Oconee County Government, and it's personnel cannot be held responsible or liable for any injuries, damages, thefts, or burglaries that may occur. I understand that the Oconee County Sheriff's Office cannot insure that injury, damage, theft, or burglaries will not occur. Furthermore, I agree that I will not be under any false sense of personal security or for the property covered because of the request.

Signature: _____ Date: _____

OFFICAL USE ONLY

AGENCY INCIDENT REPORT NUMBER (IF AVAILABLE)

DATE AND TIME RECEIVED: EXPIRATION DATE:

RECEIVED AND CHECKED BY:

DATE GIVEN TO PATROL DIVISION: DATE CANCELLED: