



Residence Checklist

The undersigned authorizes the Franklin County Sheriff's Office to check the exterior of the residence listed below. A Franklin County Sheriff's Office Deputy will make an effort to inspect the property for a thirty (30) day period; however, the Sheriff's Office cannot accept liability to insure the safety of the property or the frequency of the checks.

The following information MUST be completed (please print):

Name: _____ Address: _____

Phone: _____ Date(s) of vacancy: From: _____ To: _____

1. List anyone who may have access/key to the property (At least one name and phone number must be provided).

Name: _____ Phone: _____

Name: _____ Phone: _____

2. Does the property have an alarm? ___ Yes ___ No ___ Audible? ___ Silent?

If yes, is alarm monitored? ___ Yes ___ No

By Whom?: _____

3. Will there be lights on at the property?

INTERIOR ___ Yes ___ No Manual: ___ Yes ___ No Sensor: ___ Yes ___ No Dusk to Dawn: ___ Yes ___ No

Location(s): _____

EXTERIOR ___ Yes ___ No Manual: ___ Yes ___ No Sensor: ___ Yes ___ No Dusk to Dawn: ___ Yes ___ No

4. Location(s): _____

5. Is the backyard accessible to the police? ___ Yes ___ No

6. Are there DOGS on the property? ___ Yes ___ No

7. Are there weapons (firearms) at the location? ___ Yes ___ No

8. Are there pets at the residence? ___ Yes ___ No

9. Did you stop mail service? ___ Yes ___ No

10. Did you stop newspaper service? ___ Yes ___ No

11. Will there be any vehicles at the location? ___ Yes ___ No

Driveway: ___ Yes ___ No Make: _____ License Plate #: _____

Garage: ___ Yes ___ No Make: _____ License Plate #: _____

9: Any other useful information: _____

WAIVER OF LIABILITY: In consideration of my residence being monitored by the Franklin County Sheriff's Office, I hereby release and agree to hold harmless the Franklin County Sheriff's Office, its employees and agents from any and all liability for any property damage or incident, which may result in my absence. This release of employees and agents shall apply to any right of action that might occur to my property. Further, I understand that if there are any changes to my plans, I will notify the Franklin County Sheriff's Office at 802-524-2121.

SIGNATURE: _____

DATE: _____

WITNESS: _____

DATE: _____