SHERIFF'S AUXILIARY OF NAVAJO COUNTY

SECURITY PATROL/HOUSE/BUSINESS WATCH APPLICATION & LOG

Resident's Name: _____ Phone: _____ Start Date: _____

Address of the home/business you are requesting _____

City: _____ State: _____ Zip: _____

Mailing address: _____ City: _____

State: _____ Zip: _____ Email: _____

Name of person(s) requesting services if different than the resident: _____

Type of Property: ☐ Home ☐ Business ☐ Other - Type: _____

Would you like ☐ House/Business Window Decal ☐ Yard Sign Only ☐ Both Decal and Yard Sign

Alarm System? ☐ Yes ☐ No Alarm Company: _____ Phone: _____

Lights left on? ☐ Yes ☐ No If Yes, where? _____

Name of Person(s) with access to the premises: _____

Name vehicles that are normally parked on the property: _____

Emergency Contact Name: _____ Phone: _____

Any notes for patrol officers: _____

THIS APPLICATION IS VALID FOR (1) YEAR FROM THE START DATE

Participant(s) of this program shall hold the Sheriff's Auxiliary of Navajo County (SAV) harmless from all liabilities, losses, claims, demands, or obligations and causes of action of every kind, type, nature or description whatsoever, whether known or unknown. The SAV's shall conduct themselves at all times in accordance with the highest standards of professional conduct and duties. Digital submission is valid for signature. I agree by signature below:

PRINT Name: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

DATE	TIME	COMMENTS	SAV VICTOR NUMBER

DONTATIONS CAN BE MADE BY GOING TO www.SAVofNC.com

REMIT TO: *Sheriff's Auxiliary Volunteers of Navajo County | P.O. Box 2590, Snowflake, AZ 85937 | SAVofNCInfo@gmail.com*