



**VOLUNTEER
House Check Application**

Owner's Name (Last) _____ (First) _____ Date _____

Address _____ Lot or Apt. # _____

Phone # _____ Away Phone # (Emergency only) _____

Date Leaving _____ Date Returning _____ Vehicles in Driveway (Y/N) _____

Vehicle Information: Tag # _____ Make _____ Color _____

Key Holder Name _____ Phone _____

Alarm System (Y/N) _____ If Yes, Is it Monitored (Y/N) _____ Phone _____

Lights Left On (Y/N) _____ Lights on Timer (Y/N) _____ Time on _____ Time off _____

Is anything open or unlocked (windows, porch, shed, etc.) Please specify _____

I authorize the Volunteer to physically check my home until my/our return. I understand that the Palm Beach County Sheriff's Office Volunteer cannot guarantee that my home will be checked and cannot guarantee the security of my home during my absence. I understand that the responsibility to ensure the safety and security of my home remains to be mine.

HOMEOWNER'S SIGNATURE _____ **DATE** _____

DATE TIME COP ID# OK (Y/N)

DATE TIME COP ID# OK (Y/N)

DDATE TIME COP ID# OK (Y/N)

DDATE TIME COP ID# OK (Y/N)