



## OFFICE OF THE SHERIFF, MADISON COUNTY

*Kip C. Thomas, Sheriff*

# REQUEST FOR SECURITY CHECK

Your request for extra security checks will last for a period of thirty (30) days. If you choose to renew your request please call the Sheriff's office at (706)795-6202, or stop by the office at 1436 Hwy. 98 West, Danielsville, to renew your request.

Please use the complete form to provide us with the most accurate information to serve you. Please list the reason for the request, any animals, vehicles, or people that should or should not be there. Also, include anything that deputies should be aware of like alarm systems and any activities that may have prompted you to request extra security.

Security Check Number \_\_\_\_\_ (Office use only)

REASON FOR  
REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOCATION TYPE: RESIDENCE \_\_\_\_\_ BUSINESS \_\_\_\_\_ FARM \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

PHONE WHERE CAN WE REACH YOU IN CASE OF AN EMERGENCY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



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LIST NAMES OF PEOPLE AND VEHICLES THAT SHOULD OR SHOULD NOT BE AT THE RESIDENCE OR BUSINESS.

NAME: \_\_\_\_\_

VEHICLES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I AGREE TO NOTIFY THE MADISON COUNTY SHERIFF'S OFFICE WHEN I RETURN SO THAT THIS FORM CAN BE CANCELED OR IT NEEDS UPDATING. I UNDERSTAND THAT THIS REQUEST IS FOR A GENERAL REQUEST THAT MAY BE PROVIDED, AS TIME AND CIRCUMSTANCES PERMIT BY THE MADISON COUNTY SHERIFF'S OFFICE PATROL DIVISION. I AM ALSO AWARE THAT IN THE PROCESS OF PROVIDING THIS SERVICE THE MADISON COUNTY SHERIFF'S OFFICE, MADISON COUNTY GOVERNMENT, AND IT'S PERSONNEL CANNOT AND WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURIES, DAMAGES, THEFTS, BURGLARIES, OR ANY OTHER SITUATION OR INCIDENT THAT MAY OCCUR. FURTHERMORE, I AGREE THAT I WILL NOT BE UNDER ANY FALSE SENSE OF PERSONAL SECURITY OR THE PROPERTY COVERED BECAUSE OF THIS REQUEST.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**OFFICIAL USE ONLY**

SECURITY CHECK LOG NUMBER: \_\_\_\_\_

DATE & TIME RECEIVED: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

DATE GIVEN TO PATROL DIVISION: \_\_\_\_\_

cc: Squad Room Date \_\_\_\_\_ Initials \_\_\_\_\_

cc: 911 Office Date \_\_\_\_\_ Initials \_\_\_\_\_