Lincoln County Sheriff's Office

Security Check

Name_____Address_____

Departure Date_____Return Date_____

Type of Premises: Residence ☐ Business ☐ Other ☐ _____

Have keys been left with anyone? Yes ☐ No ☐ If yes, Name_____

Address_____Phone #_____

Comments: _____

_____

_____

In case of emergency, list who you wish to be notified.

Name_____Phone # _____

Address_____

I request a security check be made of my premises and agree to notify you of my return.

Signature_____Date of Request_____

Date	Time	State if premises were clear or other	Deputy