PATROL CHECK REQUEST

	Event # :

Name / Business:

Address / Location:

City:	St:	Zip:	Home Ph: Work Ph:

Directions: _____
_____
_____
_____

Reason for Patrol Check: _____
_____
_____
_____

Start Date:	End Date:	Cancel Date:
Lighting: " Interior " Exterior " Timing Device	Vehicles: " Yes " No Make:_____ Model:_____ Make:_____ Model:_____	Alarm: " Yes " No Company:_____ Phone # :_____

Unusual Hazards at Location: _____
_____
_____

Emergency Contact	Emergency Contact
Name:_____ Phone # :_____	Name:_____ Phone # :_____

I (Name)_____ Authorize the Charles County Sheriff's Office to enter upon the property listed above during the listed time periods for the purpose of conducting security checks. I understand security checks will be performed by Sheriff's Office personnel when time constraints allow officers to conduct a proper security check. I understand that if this Patrol Check Request is approved, and/or the Charles County Sheriff's Office makes or attempts to make any security checks, they have not created a special relationship with me and/or my business. I do not hold the Charles County Sheriff's Office, the Charles County Government or their Officers responsible for any damage or loss incurred as a result of criminal activity.

_____   _____
Signature   Date

_____   _____
District Commander   Date

" Approved   " Disapproved