Date Stamp Box

Hardin County Sheriff's Office

150 North Provident Way, Suite 101 Elizabethtown KY 42701 270-765-5133 Fax 270-737-4574



Return this form to the Hardin County Sheriff's Office

Vacation House Check Request

Date of Request					
Name:	Home Phone				
Residence Address:					
Directions if needed:					
Date & time house will be vacant:	Returning				
Phone or cell where you will be staying:					
Location					

The	following person	n(s) are authorized to	o enter the prope	erty in case of an	emergency:	
1. Na	ame		Phone	e:		
Addr	ess:					
2. Na	ame		Phone	e:		
Addr	ess:					
Does	s the above nam	ned person(s) have k	ceys to the prope	erty 🖺es 🗌	No	
Туре	of Property 🗆 S	Single Family Reside	ence Duplex Co	ndominium Com	ımer <mark>ci</mark> al Do you l	nave
an al	arm System? Y	′es No 🗆				
If Ye	s Name and Ph	one # of Company_				
Desc	cribe vehicles or	property left outdoo	rs while on vaca	tion:		
1.	Make	Model	Color	Year	Lic #	
				.,		
2.	Make	Model	Color	Year	Lic #	
3.	Other					
	•					
	times	on lights indoors, ou	tuoors, or sprink		TWO II yes give it	
Do y	ou have pets in	the residence? \(\simeg \)	es □ No. If yes	give type and p	erson caring for	them
•	•	Contact F	•			
• •		s in your yard? 🗌 Y				
•		Contact F	•		J	
		neck your back yard				
Addit	tional relevant in	formation				
visua agre- or da Hard volur as tir	ally check the present to hold harmle amage, personal in County Sheritary, free services and personn	reby grants permiss roperty listed on the ss any employee or all claim of injury for iff's Office. Further the and does not created are available and the premises of any control of the premises of th	backside of this agent from the Hany action or la, the undersigne te a special duty	document. The Hardin County Shack thereof by a d understands a upon our officers	e undersigned deneriff's Office for ny representation and agrees that we will provide	oes also any loso re of the this is a eservice
	•	he premises or cont			20	
SIG	אבט ו אוף	D <i>i</i>	41 OF		_	

BY:	ADDRESS:	

FOR OFFICIAL USE ONLY BELOW LINE

Verification by photo ID of person making request required. Person verifying request

Unit #	Date	Time	Unit #	Date	Time	Unit #	Date	Time