

ISLAND COUNTY SHERIFF'S OFFICE

Request for Vacation Security Check

INCIDENT # _____

YOU MAY E-MAIL THIS TO: ICSO@CO.ISLAND.WA.US

Mail to the Island County Sheriff Office, PO Box 5000, Coupeville, WA 98239-5000

OR You may bring the filled form to any Sheriff Office location: Sheriff's Business office, M-F, 8-4:30 at 101 NE 6th St, Coupeville

Sheriff's South Whidbey Precinct, M-F, 9-5-Courtyard Suites, 1618 E Main, Freeland

Sheriff's Camano Precinct, IF DEP PRESENT: 67 N. East Camano Drive, Camano Island

Sheriff's North Whidbey Precinct, 3155 N. Shay Road, Oak Harbor (Note: street address not mail receptacle—mail to above POB)

BEGIN ON: _____	END ON: _____
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Name (PRINT): _____ Address: _____

Date of Birth: _____ Home Telephone: (____) _____ Cell: _____

State of current drivers license:

Reason:	<input type="checkbox"/> Vacant	<input type="checkbox"/> Vacation	<input type="checkbox"/> Other (list)
Type:	<input type="checkbox"/> Business	<input type="checkbox"/> Residence	<input type="checkbox"/> Other (list)

ALARM INFORMATION

Is there an alarm on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Alarm: <input type="checkbox"/> Audible <input type="checkbox"/> Silent <input type="checkbox"/> Other
Alarm Maintenance Company: _____	

PROPERTY INFORMATION

Describe Residence (color, style, stories, etc): _____		
Are the House Numbers Visible on Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Apt or Space Numbers Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the residence visible from the street? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" describe landmarks to make it easier to locate): _____		
Will interior lights be on Constantly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are lights on a timer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will drapes/curtains/blinds be: <input type="checkbox"/> Open <input type="checkbox"/> Closed
Will there be vehicle(s) visible on property: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes place describe)		
License Plate Number: _____	Make / Model / Color / Year: _____	
License Plate Number: _____	Make / Model / Color / Year: _____	
License Plate Number: _____	Make / Model / Color / Year: _____	
Are there animals on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No What kind: _____		
Are the animals loose on property: <input type="checkbox"/> Yes <input type="checkbox"/> No Are the loose animals prone to attack: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will Someone be on your property to care for the animals? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES please fill out below)		
Animal care person: _____	Phone number (____) _____	
Does anyone else have keys to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will they be coming on the premises during your absence? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes explain below)		
Name: _____	Name: _____	
Address: _____	Address: _____	
Phone Number: (____) _____	Phone Number: (____) _____	
How can you be reached incase of an emergency: _____		

Signature: **X** _____ Date: _____

PLEASE REMEMBER TO CALL ICOM AS SOON AS YOU RETURN

From North Whidbey: 679-9567 From South Whidbey: 321-4400 From Camano Island: 629-2224