



LIVINGSTON COUNTY SHERIFF'S OFFICE

PROPERTY CHECK REQUEST

Submit completed form to: by email
by fax
by mail

911center@co.livingston.ny.us
(585) 243-7109 Attn: Communications
Communications Bureau
Livingston County Sheriff's Office
4 Court St, Geneseo, NY 14454

For Official Use Only:

Received by:	Date:	Update By:	Date:
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Name of Person Making Request:

Physical Address: (DO NOT list PO boxes)

House#	Street	Apt #	Village/Town	Zip
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Homeowner Name	Phone Number	Alternate Number	Homeowner Email
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Date you are requesting property check to begin	Date you are requesting property check to end
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Alarm Information:

Does the residence have an alarm? <input type="checkbox"/> Yes If so, <input type="checkbox"/> Audible <input type="checkbox"/> Silent <input type="checkbox"/> No	Video Surveillance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: <input type="checkbox"/> Burglary <input type="checkbox"/> Panic <input type="checkbox"/> Smoke <input type="checkbox"/> Fire/Heat
Alarm Signal Sent to: <input type="checkbox"/> Local/Audible only <input type="checkbox"/> Monitoring Call Center <input type="checkbox"/> Auto Dialing Device	Any Additional: (automatic timers, etc)	
Alarm Company Name:	Alarm Co Phone #:	Location of Main Alarm Panel:

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In the event of an INCIDENT (fire/burglary/panic alarm, etc) who has FULL ACCESS to the residence and would be available to respond to the address if needed?
List key holders IN ORDER how you would like them to be contacted.

Contact 1

Contact Name		Address	Email
Phone 1 <input type="checkbox"/> Home <input type="checkbox"/> Cellular	Phone 2 <input type="checkbox"/> Home <input type="checkbox"/> Cellular	Vehicle Information: (make/model/color)	

Contact 2

Contact Name		Address	Email
Phone 1 <input type="checkbox"/> Home <input type="checkbox"/> Cellular	Phone 2 <input type="checkbox"/> Home <input type="checkbox"/> Cellular	Vehicle Information: (make/model/color)	

Contact 3

Contact Name		Address	Email
Phone 1 <input type="checkbox"/> Home <input type="checkbox"/> Cellular	Phone 2 <input type="checkbox"/> Home <input type="checkbox"/> Cellular	Vehicle Information: (make/model/color)	

Note – If you do not receive a confirmation from the Livingston County Sheriff’s Office within five (5) days of sending the request please contact us at (585) 243-7100.