

HALIFAX COUNTY SHERIFF'S OFFICE

SECURITY CHECK PROGRAM

Name: _____

Address: _____

Directions: _____

City/State/Zip: _____

Telephone: _____ Can you receive text
messages? Yes No

Email Address: _____

Date you are leaving: _____

Date you are returning: _____

Contact Name: _____

Contact Address: _____

Contact Telephone: _____

Do you have cameras? Yes No

Do you have a security system? Yes No

Do you have dogs or other livestock on the property? Yes No

Other information:

