



JOSEPHINE COUNTY SHERIFF'S OFFICE

Home Security Program

SHERIFF GIL GILBERTSON

500 NW 6th St – Grants Pass OR 97526

(541) 474-5123

FAX (541) 474-5107

e-mail: jocosheriff@co.josephine.or.us

Date: _____

Name: _____

Address: _____

Phone #: _____ Start Date: _____ End Date: _____

Directions/Special Information: _____

Authorized Persons Allowed on Property _____

Emergency Contact: _____ Phone #: _____

Address: _____

I authorize Josephine County Sheriff's Office personnel to enter my property for the purpose of ascertaining the security of my grounds and buildings. This authorization will continue for no more than 30 days unless I give an extension by either mail/fax. I agree to contact the Sheriff's Office every 30 days to renew this authorization via mail/fax.

Signature: _____

Date	Time	Deputy	Date	Time	Deputy

REMARKS/OBSERVATIONS: _____