WOOD COUNTY SHERIFF’S DEPARTMENT

**JAIL DIVISION**

# OWNER/OCCUPANT PERMISSION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, |  | | | | | | | | **,** | give my permission for | | | | | | |  | | | | | | | | to use |
| my residence while participating in the Electronic Monitoring Program (EMP). I understand | | | | | | | | | | | | | | | | | | | | | | | | | |
| that I will have to abide by the following rules. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | |  | | | | | | | | | |  | | | | | |
| 1. | I agree to submit my place of residence to search at any time when requested by any | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Law Enforcement officer or Wood County Jail staff. This includes allowing them to enter | | | | | | | | | | | | | | | | | | | | | | | | |
|  | my residence at any time to inspect EMP equipment and to see that the above named | | | | | | | | | | | | | | | | | | | | | | | | |
|  | person is complying with the rules of the program. | | | | | | | | | | | | | | | (Int.) | |  | | | | |  | | |
|  |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| 2. | I agree that at no time while the above named person is participating I will have | | | | | | | | | | | | | | | | | | | | | | | | |
|  | any alcoholic beverages or illegal drugs in my residence. | | | | | | | | | | | | | | | | | | (Int.) | |  | | |  | |
|  |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| 3. | I agree to remove all firearms from my residence while the above named person is | | | | | | | | | | | | | | | | | | | | | | | | |
|  | residing here. | | | | (Int.) | |  | | | | |  | | | | | | | | | | | | | |
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| Owner/Occupant Name: | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| City: | |  | | | | | | | | | Zip: | | |  | | | | County: | | | |  | | | |
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| Phone Number: | | | |  | | | | | | | | | | Cell Phone: | | | |  | | | | | | | |
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| Signature | | | | | | | | | | | | |  | | Date | | | | | | | | | |
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| EMP Officer | | | | | | | | | | | | |  | | Date | | | | | | | | | |