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: |  |
|  |  |  |  |
| Address: |  |
|  |  |  |  |
| City: |  | Zip: |  | County: |  |
|  |  |  |  |
| Phone Number: |  | Cell Phone: |  |
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|  |  |  |  |
|  |  |  |
| Signature |  | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
| EMP Officer |  | Date |