Owner/Occupant Permission Form

JAIL DIVISION

LAW ENFORCEMENT CENTER · 1500 STRONGS AVE., STEVENS POINT, WI 54481 · 715-346-1400 · FAX 715-346-1591

MIKE LUKAS
Sheriff

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 Portage County Jail staff. This includes allowing them to enter my home and inspect the EMP equipment and to see that the person named above is complying with the rules of the program and/or to search any room and any shared common areas at my residence. _____(Initials)

2. I agree to remove all firearms from my residence while the EMP client, named above, resides here on the program. _____ (Initials)

3. I agree to remove all alcoholic beverages from my residence while the EMP client, resides here on the program._____(Initials)

Owner/Occupant Name: _____

Address: _____

City: _____ Zip: _____

County: _____

Phone: _____

_____
Signature:

_____
Date: