



Sheriff Emergency Access Reimbursement Program Reimbursement Request

INSTRUCTIONS

1. Complete this Reimbursement Request and sign the form below.
2. Include a copy of your certification of compliance from the Sheriff's Department.
3. Include a copy of expense reports for which you are seeking reimbursement, including purchase of hardware and installation expenses.
4. Mail or bring the completed Reimbursement Request form, Sheriff certification, and expense reports to:

Rancho Mirage Sheriff Reimbursement
69-825 Highway 111
Rancho Mirage, CA 92270

APPLICANT INFORMATION

Name of Individual or Community Requesting Reimbursement: _____

Rancho Mirage Address: _____

E-mail Address: _____ Telephone Number: _____

Number of Gates Retrofitted: _____ Requested Reimbursement Amount: _____

Cross Streets at Gate(s) Location: _____

Payable To: _____

Mailing Address for Reimbursement: _____

City: _____ State: _____ Zip Code: _____

Please initial the following:

_____ I am the property owner or responsible party for the Rancho Mirage address listed above

_____ I am retrofitting my gated community's gate(s) for sheriff emergency access

Resident's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Reimbursement Request Received: _____ Reimbursement Amount: _____

Authorized Signature to Approve Reimbursement: _____