

# CITY OF RANCHO MIRAGE



## 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

\*Alternatively, applicants may email their application materials to [tylerf@ranchomirageca.gov](mailto:tylerf@ranchomirageca.gov)

#### 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: \_\_\_\_\_