

Property Check Request Form

Date Leaving: _____ Date Returning: _____

PROPERTY INFO

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Nearest Cross Street: _____

Circle: **Ranch** **1 Story** **2 Story** **Attached Garage** **Out Buildings** **Brick** **Siding**

Other Descriptive Information: _____ Color: _____

Lights Left On and/or Timer Information: _____

Vehicle(s) that may be at property: _____

OWNER INFO

Property Owner: _____ Phone1: _____

Phone 2: _____ Phone 3: _____

Address: _____

City: _____ State: _____ Zip: _____

KEY HOLDER INFO

Key Holder: _____ Phone1: _____

Phone 2: _____ Phone 3: _____

Address: _____

City: _____ State: _____ Zip: _____

ALARM COMPANY INFO

Alarm Company: _____ Phone: _____

Comments: _____

RETURN FORM TO:
BERRIEN COUNTY SHERIFF • P O BOX 384 • WATERVLIT, MI 49098