IMLAY CITY POLICE DEPARTMENT



395 E. Third St Imlay City, Michigan 48444 Brett D. Selby, Chief of Police Phone: (810) 724-2345 Fax: (810) 724-5401

PROPERTY CHECK REPORT

PROPERTY: VACANT	NAME:			
CONSTANT: YESNOAUTOMATIC: YESNO TIME LIGHTS COME ON:	ADDRESS:			
PROTECTED BY ALARM: YES NO IF YES - WHERE LIGHTS ON: YES NO AUTOMATIC: YES NO CONSTANT: YES NO AUTOMATIC: YES NO TIME LIGHTS COME ON:	PROPERTY: VACANT	VACATION_	REMODELING	
LIGHTS ON: YES NO NO IF YES - WHERE NO CONSTANT: YES NO AUTOMATIC: YES NO TIME LIGHTS COME ON: VEHICLE IN GARAGE: YES NO IF YES - MAKE/MODEL VEHICLE IN DRIVEWAY: YES NO IF YES - MAKE/MODEL PERSON(S) WHO WILL HAVE ACCESS TO PROPERTY: NAME: NAME: PHONE: IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED: YES: NO: DATES PROPERTY IS TO BE CHECKED: TO ANY OTHER ADDITIONAL INFORMATION:	PREMISES TYPE: BUSINESS	RESIDENCE_	OTHER	
CONSTANT: YESNOAUTOMATIC: YESNO TIME LIGHTS COME ON:	PROTECTED BY ALARM: YES	NO	IF YES - WHERE	
TIME LIGHTS COME ON:	LIGHTS ON: YES NO_		IF YES - WHERE	
VEHICLE IN GARAGE: YES NO IF YES - MAKE/MODEL VEHICLE IN DRIVEWAY: YES NO IF YES - MAKE/MODEL PERSON(S) WHO WILL HAVE ACCESS TO PROPERTY: NAME: NAME: ADDRESS: PHONE: IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED: YES: NO: DATES PROPERTY IS TO BE CHECKED: TO ANY OTHER ADDITIONAL INFORMATION:	CONSTANT: YES NO_	AUTOMATIC:	YES	NO
IF YES - MAKE/MODEL NO VEHICLE IN DRIVEWAY: YES NO IF YES - MAKE/MODEL PERSON(S) WHO WILL HAVE ACCESS TO PROPERTY: NAME: NAME: ADDRESS: PHONE: IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED: YES: NO: DATES PROPERTY IS TO BE CHECKED: TO ANY OTHER ADDITIONAL INFORMATION:	TIME LIGHTS COME ON:			
VEHICLE IN DRIVEWAY: YES NO IF YES - MAKE/MODEL PERSON(S) WHO WILL HAVE ACCESS TO PROPERTY: NAME: NAME: ADDRESS: PHONE: IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED: YES: NO: DATES PROPERTY IS TO BE CHECKED: TO ANY OTHER ADDITIONAL INFORMATION:	VEHICLE IN GARAGE: YES	NO		
IF YES - MAKE/MODEL PERSON(S) WHO WILL HAVE ACCESS TO PROPERTY: NAME:NAME:ADDRESS: PHONE:INO:INO:	IF YES - MAKE/MODEL			
PERSON(S) WHO WILL HAVE ACCESS TO PROPERTY: NAME:	VEHICLE IN DRIVEWAY: YES	NO		
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ADDRESS:PHONE:	PERSON(S) WHO WILL HAVE ACCESS TO) PROPERTY:		
PHONE: PHONE: IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED: YES: NO: DATES PROPERTY IS TO BE CHECKED: TO ANY OTHER ADDITIONAL INFORMATION:	NAME:	NAME:		
IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED: YES: NO: DATES PROPERTY IS TO BE CHECKED: TO ANY OTHER ADDITIONAL INFORMATION:		ADDRESS: _		
DATES PROPERTY IS TO BE CHECKED: TO ANY OTHER ADDITIONAL INFORMATION:		PHONE:		
DATES PROPERTY IS TO BE CHECKED: TO ANY OTHER ADDITIONAL INFORMATION:	IN CASE OF EMERGENCY, DO YOU WISH	I TO BE NOTIFIED:	YES:	NO:
ANY OTHER ADDITIONAL INFORMATION:				
	DATES PROPERTY IS TO BE CHECKED:		то _	
		:		

For Police Department Use only: OFFICIAL TAKING REQUEST: _____ DATE: _____