

PORT ROYAL POLICE DEPARTMENT PROPERTY CHECK REQUEST

Date Received:

Time:

Owner/Resident Name:

Address:

City:

Phone:

Directions/Notes:

Dates to be checked or patrolled

From:

To:

Reason for extra patrol: Premises will be vacant Owner will be on vacation Other:

Type of Premises: Business Residential Special:

Protected by Alarm?: Yes No If yes, **what type (phone-in, etc.)**

Lights On?: Yes No Automatic Timers?: Yes No If yes for either: Front Back

Name:

Person who will have access to the premises Address:
(or who may be contacted in case of emergency)

City:

Home:

Work:

Do they have keys for the premises or codes for the alarms?: Yes No If Yes, Keys or Code

| Description of Vehicles Parked on Premises | | | Remarks or Notes |
|--|-------|-------|------------------|
| Make | Model | Color | |
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