

MAULDIN POLICE DEPARTMENT PROPERTY CHECK REPORT

Owner/Resident Name:

Address:

City/State/Zip Code

Phone:

Zone:

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

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

Name:
Address:
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	