

# Silver Creek Township

## Police Department

### Property Check

Address to be Checked: \_\_\_\_\_

Type of Property:  Residential  Business Date Empty: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Return: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Property Owner:

Owner Phone : (        )        -

Key Holder:

Key Holder Phone: (        )        -

Name person allowed on property	Vehicle Type (Description)

Security System:  YES  NO

Security Company: \_\_\_\_\_

In an Emergency do you wish to be Contacted:

YES  No Phone Number: \_\_\_\_\_

Security Company Phone Number: (        )        -

#### Residential Lights:

- Living Room     Bedroom  
 Dining Room     Garage  
 Kitchen          Bathroom  
 Other \_\_\_\_\_

#### Security Lights:

Exterior Auto On:  YES  NO

Interior Auto On:  YES  NO

Other Lighting: \_\_\_\_\_

Date Checked	Time Checked	Date Checked	Time Checked	Date Checked	Time Checked

Will Call Upon Return:  YES  NO