



WILLIAMSTON POLICE DEPARTMENT

175 East Grand River  
Williamston, MI 48895  
Bob Young, Chief of Police  
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PROPERTY CHECK REPORT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROPERTY: VACANT \_\_\_\_\_ VACATION \_\_\_\_\_ REMODELING \_\_\_\_\_

PREMISES TYPE: BUSINESS \_\_\_\_\_ RESIDENCE \_\_\_\_\_ OTHER \_\_\_\_\_

PROTECTED BY ALARM: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES - WHERE \_\_\_\_\_

LIGHTS ON: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES - WHERE \_\_\_\_\_

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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED: YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, PHONE NUMBER: \_\_\_\_\_

DATES PROPERTY IS TO BE CHECKED: \_\_\_\_\_ TO \_\_\_\_\_

ANY OTHER ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Police Department Use only:

OFFICIAL TAKING REQUEST: \_\_\_\_\_ DATE: \_\_\_\_\_