

BRIDGMAN POLICE DEPARTMENT

PROPERTY CHECK

COMPLAINT #: _____

DATE: _____

OFFICER: _____

INFORMATION

ADDRESS TO BE CHECKED: _____

OWNER/REQUESTED BY: _____ PHONE #: _____

CONTACT INFORMATION IN CASE OF EMERGENCY: _____

DATE LEAVING: _____ DATE RETURNING: _____

WILL OTHERS BE CHECKING THE PROPERTY? _____ IF SO, WHO & PHONE #: _____

WILL LIGHTS BE LEFT ON? _____

COLOR & MAKE/MODEL OF VEHICLE(S) IN DRIVEWAY OR GARAGE: _____

DOES THE PROPERTY HAVE ALARM SYSTEM(S)? _____

DATE/TIME CHECKED: _____ BY OFFICER: _____ REMARKS: _____

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DATE/TIME CHECKED: _____ BY OFFICER: _____ REMARKS: _____

DATE/TIME CHECKED: _____ BY OFFICER: _____ REMARKS: _____

DATE CLOSED: _____

OFFICER: _____