



Residential Property Check

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Emergency Contact
Number _____

Date leaving _____ Date Returning _____ Lights on timers: y/n

Alarm System _____ Name of Alarm Company _____

Animals Present: Y/N _____ Type _____

Cars Present: Y/N _____ Type _____

Local Contact Person _____ Number _____

Authorized Persons on Property _____

Additional Notes:

Please submit by e-mail to jfisher@calhouncountymi.gov or fax to 269-781-0882