# St. Clair Police Department
# Residential Property Inspection Form

Address _____ Homeowner _____

Departure date _____ Return date _____

Request made by: * Homeowner * Other _____ Phone _____

Protected by Alarm System: * Yes * No Is Alarm Registered with Police Department: * Yes * No

Timer Lights: * Yes * No Time on _____ Time Off _____

Keys Left with Anyone: * Yes * No If yes, who _____

Address _____ Phone _____

Others that will have access to the the premises:

Name _____ Phone _____

Name _____ Phone _____

Homeowner can be reached at:

Address _____ Phone _____

It is the responsibility of the homeowner to contact the police department when they arrive home orIt is the responsibility of the homeowner to c
date to a later date. Failure to do so may result in discontinued inspections on the date specified for return.

Signed _____ Date of request _____

## OFFICERS SECURITY CHECK

| DATE | TIME | PREMISES CHECK | OFFICERS SIGNATURE |
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