



Town of DeWitt Police Department Property Check form



Business: Residence: Post #: _____ DR #: _____

Starting Date: _____ Ending Date: _____

Name: _____ Phone: _____

Address: _____

Emergency Contact (1): _____ Phone: _____

Emergency Contact (2): _____ Phone: _____

Person(s) Checking Residence? _____ Keys? _____

Alarm System? _____ O.L.E.I.S. #: _____

Weapons in Residence? _____ Pets? _____ Lights on timer? _____

Mail/Newspapers: Stopped Delivery? _____ Picked Up? _____

Lawn Care? _____ Plowed? _____ By Whom? _____

Vehicles on Premises? _____ Describe: _____

Additional Information: _____

Received by: _____ (Date): ____ / ____ / ____