Litchfield Police Department

Property Check Request Form & Log Sheet

Location: _____

Name of Owner: _____ Request made by: (*If not made by owner*) _____

Owners Phone numbers: (main) _____ (Cell) _____

Reason for patrol: _____

Type of Premises: Residential: ☐ Commercial: ☐

Premises Protected by alarm?: Yes ☐ No ☐ If yes, by whom (include phone) ?: _____

Lights: ☐ Off: ☐ On *(If on select one of the following options)*: Constant: ☐ Automatic: ☐

Keys left with anyone? Name: _____ Phone: _____

List Other Persons that will have access to the location during your absence:

_____

_____

_____

Emergency Contact (If other than listed owner or key holder):

E/C Name: _____ E/C Phone: _____

Departure Date: _____ Returning Date *(Maximum of six months from departure)*: _____

By signing this document, I hereby request that the Litchfield City Police Department to check my listed premises between the above specified dates. I also agree to notify the Litchfield City Police Department of my return to the premises:

Signature: _____

Check Log:

Date	Time	Secure?	Initials	Date	Time	Secure?	Initials	Date	Time	Secure?	Initials

Check Log:

Date	Time	Secure?	Initials	Date	Time	Secure?	Initials	Date	Time	Secure?	Initials