

**Old Orchard Beach Police – Property Check Form**

Long term and Short Term

Date received: \_\_\_\_\_ Check Property From: \_\_\_\_\_ to \_\_\_\_\_ Site #: \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Floor # \_\_\_\_\_

Home telephone #: \_\_\_\_\_ Other: \_\_\_\_\_ Single Family or Duplex: \_\_\_\_\_

Power: On \_\_\_\_\_ Off \_\_\_\_\_ Water: On \_\_\_\_\_ Off \_\_\_\_\_ Burglary Alarm: Yes \_\_\_\_\_ No \_\_\_\_\_ Fire Alarm: Yes \_\_\_\_\_ No \_\_\_\_\_

Garage: Yes \_\_\_\_\_ No \_\_\_\_\_ Is your garage attached to the house? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are leaving a vehicle in your driveway please describe it? \_\_\_\_\_

Person to contact in emergency: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Does this person have a key to your residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Other pertinent information: \_\_\_\_\_