

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: _____
