

Orange Park Police Department Property Check

Home Business

Name: _____

Address: _____ Phone: _____

Emergency number where you can be reached: _____

Departing Date: _____ Time _____ Returning Date: _____ Time _____

Will you call upon returning? YES NO Password or Code: _____

** Create a password or code that you will remember to give to the Dispatch Center when you return**

Is anyone checking the property? YES NO

Name: _____

Address: _____ Phone: _____

How often? _____ Do they have keys? _____

Any security alarms? _____

If yes, who can we contact? _____ Phone: _____

Any lights on timers? YES NO

If yes, which rooms and what are the times they turn on and off?

Room: _____ On: _____ Off: _____

Room: _____ On: _____ Off: _____

Room: _____ On: _____ Off: _____

Is the backyard fenced? YES NO

Does residence have a pool? YES NO

Any vehicles in the garage or driveway? YES NO

Vehicle:	Make:	Color:	Tag #:

Are there any animals in the house? YES NO If yes, what type? _____

Is there any lawn furniture or other items outside? YES NO

If Yes, what kind? _____

Remarks: _____

For Office Use Only

Property #: _____	Date: _____
Entered by: _____	Date: _____
Verified by: _____	Date: _____
Canceled by: _____	Date: _____