



Village of Port Sanilac
in partnership with the
Sanilac County Sheriff's Office



PROPERTY WATCH / INSPECTION REQUEST FORM

Please fill out the below requested information:

ADDRESS OF INSPECTION: _____

PROPERTY OWNER INFORMATION:

Name(s): _____ Telephone No.: _____

_____ Telephone No.: _____

Vacation Address (If known): _____

Departure Date: _____ Return Date: _____

RESIDENCE INFORMATION:

Type of Structure: (Check One) Residence ____ Business ____ Other ____

Lights left on? Y or N Location: _____

Animals in yard? Y or N Number and Type: _____

Vehicles left on premises? Y or N (If yes, list below):

Make/Model	Color	License Plate No.	Location Left

ALARM COMPANY INFORMATION:

Do you have an alarm? Y or N Provider: _____ Telephone No. _____

ADDITIONAL CONTACTS:

Have keys been left with anyone? Y or N Name(s): _____

Telephone No.: _____

ADDITIONAL INFORMATION:

Signature of Requesting Party: _____ Date: _____