



Village of Stockbridge
Police Department

Person Requesting Property Check

Name		PC Number	
Address			
Telephone		Village of Stockbridge	
Leave Date		Return Date	

Contact Person		Telephone	
Address		Key	[] Yes [] No

Lights	Timer	On am/pm	Off am/pm
Upstairs	Yes No		
Kitchen	Yes No		
Living Room	Yes No		
Bedroom(s)	Yes No		
Basement	Yes No		
Garage	Yes No		
Other	Yes No		

Vehicle in Garage	Yes No	Year	Make
Vehicles in Driveway	Yes No	Year	Make
Dogs on Property	Yes No	Inside or Outside	

Is anyone supposed to be at the residence		Yes	Day	Night
Name				
Address				
Telephone				

Remarks

Signature	
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