

GREEN OAK CHARTER TOWNSHIP POLICE DEPARTMENT
Property Inspection Authorization Form

NAME: _____

DATE OF BIRTH: ___ / ___ / ___

ADDRESS: _____

CITY: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

DATES REQUESTED FROM: ___ / ___ / ___ TO: ___ / ___ / ___

TIMERS ON:	<u>TIME ON</u>	<u>TIME OFF</u>	<u>LOCATION</u>
LIGHTS	_____	_____	_____
T.V.	_____	_____	_____
RADIO	_____	_____	_____

CARS IN:	<u>DRIVE/GARAGE</u>	<u>YEAR/MAKE MODEL/COLOR</u>	<u>LICENSE PLATE #</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

ALARM SYSTEM: YES NO IF YES, TYPE: AUDIBLE SILENT OTHER

IF OTHER, PLEASE DESCRIBE: _____

ALARM COMPANY NAME: _____ TELEPHONE #: _____

NAME OF PERSON WITH ALARM CODE #: _____ TELEPHONE #: _____

CONTACT IN CASE OF EMERGENCY: _____ TELEPHONE #: _____

KEYS TO PROPERTY: _____ TELEPHONE #: _____

OTHER PERSONS: _____ TELEPHONE #: _____

PERSONS AUTHORIZED TO BE ON PROPERTY: _____ TELEPHONE #: _____

_____ TELEPHONE #: _____

OTHER ITEMS WE SHOULD KNOW ABOUT:
(I.E. WEAPONS & AMMO) _____

LOCATED WHERE: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: ___ / ___ / ___

PERSON TAKING INSPECTION REQUEST: _____ DATE: ___ / ___ / ___

NAME OF PERSON CANCELLING CHECK: _____ DATE: ___ / ___ / ___