ST MICHAELS POLICE
Patrol/Premise Check

PATROL SECTOR: N/A CHECK NUMBER: _____

Type of Premise: Business Private House Apartment Other

Alarm: No Yes Silent Audible

Has another police agency been notified? No Yes If yes, advise the caller the information will be recorded, but the MSP will not make checks.

Complainant: _____
Requested by: _____
Location of Complainant: _____
Address to be Checked: _____
Nature of Complaint: _____

Directions/Landmarks/Building Construction/Etc.: _____

Dates and Time of Occurrence (patrol checks only): _____

Vehicles Involved: _____

Vehicles on Premise:

MAKE	COLOR	TAG NUMBER	REMARKS

Animals on Property : No X Yes Specify: _____

Lights on Inside: _____ Timer: No X Yes

Outside: _____ Timer: No X Yes

Person(s) checking premise or to notify in the event of an emergency:

1. Name: _____ Telephone Number: _____
2. Name: _____ Telephone Number: _____

Have deliveries been stopped (mail, newspaper, etc.)? No Yes
Will someone rearrange premise to make it look occupied? No Yes
Will valuable items be removed or otherwise secured? No Yes

Remarks: _____

To be checked from _____ 20 _____ through _____ 20 _____

Recorded by: _____ Date Recorded: _____

(15-07)