

St. Clair County Sheriff's Office

PROPERTY CHECK REQUEST FORM

PROPERTY ADDRESS: _____, ALGONAC

1. Date leaving ____/____/____ Date returning ____/____/____

2. Are you the property owner YES NO

3. Property owner's

a. Name _____

b. Phone number _____

4. Will there be an alarm system activated YES NO

5. Will there be any pets in the home YES NO

6. Care taker checking in on the property YES NO

a. Local contact person

b. Name _____

c. Phone Number _____

7. What will they be driving

a. Make _____

b. Color _____

c. Plate _____

8. Local emergency contact person

a. Name _____

b. Number _____

9. Any additional information

Signature: _____ Date: _____

Printed Name: _____

Please return form to: City of Algonac; 805 St. Clair River Drive; Algonac, MI 48001
(810) 794-5266