



STRASBURG POLICE DEPARTMENT PROPERTY CHECK REQUEST

Property Owner: _____

Address to be checked: _____

Requested by: _____

Phone # of requester: _____

Beginning Date: _____ Ending Date: _____

Vehicle(s) at Property

Year: _____ Make: _____ Model: _____ Registration: _____

Year: _____ Make: _____ Model: _____ Registration: _____

Year: _____ Make: _____ Model: _____ Registration: _____

Key left at department? Yes No

Name of contact person with key: _____

Contact person phone #: _____

Name of person/company that will be working/making repairs at the residence in your absence: _____

Animal Caregivers: _____

Special Notes:

**** Strasburg Police Department will check the property when possible. The Police Department will not assume any liabilities.**