



DeWITT TOWNSHIP POLICE DEPARTMENT PROPERTY INSPECTION REQUEST

Address to be checked: _____

Requested by (name): _____

Requester's cell phone: _____

Land line phone: _____

Start date: _____ End Date: _____

Contact person (name): _____

Contact person's phone: _____

If your contact person will be in and out feeding animals, etc., description of their vehicle: Color: _____ Make: _____ Model: _____

Is your home alarmed? Yes: No:

If alarmed, name of alarm company: _____

Has alarm company been advised of your departure & return? Yes: No:

Will there be any lights on timers? Yes: No: If **yes**, which rooms?

Room #1: _____ On Time: _____ Off Time: _____

Room #2: _____ On Time: _____ Off Time: _____

Room #3: _____ On Time: _____ Off Time: _____

Room #4: _____ On Time: _____ Off Time: _____

Will you be leaving a vehicle in the garage? Yes: No:

If **yes**, vehicle description: Color: _____ Make: _____ Model: _____

Any miscellaneous information you would like the DTPD officers to know?

Please return to the department via:

E-mail: police@dewittwp.org

Fax: 517-669-6583

Drop Off: 1401 W. Herbison Rd., business days between 8AM and 5PM