

NEWBERRY COUNTY SHERIFF'S OFFICE

PROPERTY CHECK FORM

Date Receiv	/ed:			Time:	Officer:						
Owner/Resident Name:					Phone(s	Home):	Work		Cell		
Street Address Address:				Unit/Apt	City:			State:	Zip:		
	rom Newberi										
Reason for extra patrol: Premises will be vacant Owners will be on vacation					Other (Spe	Other (Specify)					
Beginning Date Dates to be checked or patrolled:						Ending Date					
Type of premises: Business Residence Other (Specify)											
Protected b	y Alarm?	☐ Yes	☐ No	If yes, what ty	OE (phone-in, etc.):					
Lights On?	☐ Yes	☐ No	Auton	natic Timer?	□ Yes	□ No	If yes for ei	ther:	Front	Rear	
Person who will have access to the premises or who may be contacted. Name:											
in case of emergency: Address:									ι	Jnit/Apt	
			City:		Phone(s	Home	Work		Cell		
Do they have keys for the premises or codes for the alarm?						□ No	If yes:	Keys and/or		Code	
Do they have keys for the premises or codes for the alarm?											
Make	Model	Color	Remarks		•	·					
Note to person receiving information: Please ask the calling party to notify the Sheriff's Office when they return, so the premises can be removed from the Property Check List.											
For Officer Use Only Deputy Property Check Report											
Date	Time	Card left on premises?	Premises Secure?		•	marks or Ac	tion Taken			Officer	
		h	Yes								
			Yes								
			Yes No								
		Yes No	☐ Yes ☐ No								
		Yes No	Yes No								
			Yes								
		h -	Yes No								
		Yes No									
			Yes No								
		Yes No	☐ Yes ☐ No				•				
			Yes No								
		Yes No	Yes No								