



## REQUEST FOR PROPERTY INSPECTION

Security/Vacation Check: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Type of Premises: \_\_\_\_\_ Residential \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### This portion Must Be Completed for Security/Vacation Checks

Responsible Party: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Lights on: ☐ Yes ☐ No

Building equipped with alarm? ☐ Yes ☐ No Keys left with anyone? ☐ Yes ☐ No

Will there be vehicles on the premises during your absence? ☐ Yes ☐ No

Vehicle Description: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, do you wish to be notified? ☐ Yes ☐ No Phone: \_\_\_\_\_

I request a Security Check be made of my premises and agree to notify Escanaba Public Safety promptly upon my return.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Mail or Fax form to:  
Escanaba Public Safety  
c/o Delta County Central Dispatch  
1900 3rd Ave North  
Escanaba, MI 49829  
Fax: (906) 789-3803  
Email: [publicsafety@escanaba.org](mailto:publicsafety@escanaba.org)