



City of DeWitt Police Department Property Check Request Form

Address to be checked: _____

Start Date: _____ End Date: _____

Requested by (name): _____

Requestor's phone #: (c) _____ (h) _____

Vehicles in Driveway: _____

Alarm Company: _____

Lights on Timers: _____

Other Contacts:

Name: _____

Name: _____

Ph #: _____

Ph #: _____

Additional Comments: