



Topsham Police Department
100 Main Street Topsham, Maine 04086
(207) 725-4337 Fax: (207) 725-4604



PROPERTY CHECK FORM Incident No. _____

Date leaving _____ Date Returning _____

Name: _____

Address: _____

Color & Description of House: _____

Reason for extra patrol: _____

Type of Premises: Business Residence Other

Lights on: Yes or No (circle one) Lights Automatic: Yes or No (circle one)

Alarms: Yes or No (circle one) If Yes, what type? Burglar Fire (circle)

Name of Alarm Company: _____ Alarm Company phone # _____

Keys left with: _____ Phone # _____

Persons with access to your property:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

YOUR emergency contact information:

Place: _____ Phone # _____

In case of Emergency contact other than yourself:

_____ Phone # _____

_____ Phone # _____

List of vehicles that will be on property:

Year _____ Make _____ Model _____ Color _____ Registration # _____

Year _____ Make _____ Model _____ Color _____ Registration # _____

Year _____ Make _____ Model _____ Color _____ Registration # _____

The undersigned grants and request the Topsham Police Department to visually check the property listed above. You agree to hold harmless the Town of Topsham and its employees for any and all claims for personal injury, loss or damage to property that may be suffered through any action or lack thereof by a representative of the Topsham Police Department. Further the undersigned understands and agrees that this is a voluntary, free service, does not create a special duty upon the town, will be provided only as time is available, and no guarantee is made against loss, theft or damage to premises.

By: _____ Date: _____

Signature of Requester/Property Owner

Mail, fax or deliver form to the Topsham Police Department reception window.

Comments: _____

