

Lisbon Police Department
300 Lisbon Street Lisbon, Me 04250
(207) 353-2500

PROPERTY CHECK FORM

Name: _____ Phone # _____

Address: _____

Color and Description of House: _____

Reason for extra Patrol: _____

Type of Premises: Business _____ Residence _____

Lights on: yes or no (circle one) Lights Automatic: yes / no

Alarms: yes or no (circle all that apply) If yes, what Type of alarm: Burglar / Fire

Alarm Company: _____ Alarm Company Phone # _____

Keys left with: _____ Phone # _____ Cell # _____

Other Persons with access to the Property

- 1.) _____ Phone # _____
- 2.) _____ Phone # _____
- 3.) _____ Phone # _____
- 4.) _____ Phone # _____

In case of Emergency contact:

Name: _____ Home Phone # _____ Cell # _____

List all Vehicles that will on property:

Year _____	Make _____	Model _____	Color _____
Year _____	Make _____	Model _____	Color _____
Year _____	Make _____	Model _____	Color _____
Year _____	Make _____	Model _____	Color _____
Year _____	Make _____	Model _____	Color _____

DATE LEAVING: _____ DATE RETURNING: _____

The undersigned does hereby grant and request the Lisbon Police Department to visually check the property listed above. The undersigned does hereby agree to hold harmless the town of Lisbon and its employees for any and all claims for personal injury, loss or damage to property that may be suffered by the undersigned through any action or lack thereof by a representative of the Lisbon 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, an no guarantee is made nor assurance given against loss, theft or damage to premises.

BY: _____ / _____
(Signature) (Printed Name)

Signed this _____ day of _____ 20____.