Complaint Number: _____

KALKASKA COUNTY SHERIFF'S OFFICE REQUEST FOR PROPERTY CHECK

DATE OF DEPARTURE: _____/_____/_____ DATE OF RETURN: _____/_____/_____

NAME: _____ PHONE NUMBER: (_____)_____-_____

ADDRESS: _____

PROPERTY LOCATION: _____

_____

PROPERTY DESCRIPTION: _____

_____

ARE ANY OTHER PEOPLE CHECKING ON THE PROPERTY? YES: _____ NO: _____
IF **"YES"**:

NAME

STREET

CITY STATE ZIP

PHONE # : (_____)_____-_____

NAME

STREET

CITY STATE ZIP

PHONE # : (_____)_____-_____

EMERGENCY PHONE #: (_____)_____-_____ (TO CONTACT YOU)

LOCATION OF OTHER RESIDENCE: CITY _____ STATE _____

(FOR KALKASKA SHERIFF OFFICE USE)

DATE TIME REMARKS OFFICER

_____

_____

_____

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