

Granville Police Department

PROPERTY PROTECTION INFORMATION

Line Number _____ (Dept. Use Only) LEAVE _____

Name _____ Phone _____ RETURN _____

Address _____

Lights Remaining On Yes _____ No _____ Where _____

Alarm System Yes _____ No _____ Type _____

Emergency Contacts

Primary

Alternate

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Vehicle(s) Remaining on Property

Make _____ Year _____ License _____ Color _____ Where _____

Make _____ Year _____ License _____ Color _____ Where _____

Additional information

Do not write below line

Line Number _____ Vehicle(s) _____

Name _____ Leave _____

Address _____ Return _____

Lights On Yes _____ No _____ Where _____

