

CLARE CITY POLICE DEPARTMENT

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CHIEF OF POLICE
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CLARE, MICHIGAN 48617

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PROPERTY CHECK REQUEST

Last Name: _____ First: _____

Last Name: _____ First: _____

Date Leaving: _____ Date Returning: _____

Address to be checked (City of Clare Only) : _____

Local Contact Person #1: _____

Address: _____ City: _____

Phone 1: _____ Phone 2: _____

Local Contact Person #2: _____

Address: _____ City: _____

Phone 1: _____ Phone 2: _____

Temporary Address of Property Owner:

Address: _____ City: _____ State: _____

Phone 1: _____ Phone 2: _____

Comments (Cars left behind, Lights left on, Location of hidden keys . . .)

***** Official Use Only*****

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Date form submitted: _____

Comp Number: _____