

FRANKLIN POLICE PROPERTY INFORMATION SHEET

FOR OFFICE USE:

Property ID#: _____

Sector: _____

DATES

Date Leaving: ____/____/____ Date Returning: ____/____/____
MM DD YYYY MM DD YYYY

RESIDENCE INFORMATION

Name of Residence: _____
LAST FIRST M.I.

Street Address of Residence: _____

Phone# of Residence: (____) ____-____

Description of House: _____

Additional Information: _____

OWNER INFORMATION

Owner can be contacted at: _____ Phone#: (____) ____-____

ALARM INFORMATION

Alarm? ☐ Yes ☐ No If yes, Alarm Provider: _____

Alarm Company Phone#: (____) ____-____

Lights on Timer? ☐ Yes ☐ No

CONTACT PERSONS

Primary Contact:

Name: _____

Address: _____

Phone#: (____) ____-____

Secondary Contact:

Name: _____

Address: _____

Phone#: (____) ____-____