

# **ALMA POLICE DEPARTMENT**

## **ABSENT OWNER – PROPERTY INSPECTION**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Date Leaving \_\_\_\_\_

Date of expected Return \_\_\_\_\_

Lights on/other  
information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Person Taking Care**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please contact the Alma Police Department upon your return home.

Forward this form to the Alma Police Department - Fax 463-6233

525 E. Superior  
Alma, MI 48801