Complaint Number_____

KALKASKA COUNTY SHERIFF'S OFFICE PROPERTY INSPECTION

DATE OF DEPARTURE: _____ DATE OF RETURN: _____

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

PROPERTY LOCATION: _____

_____

PROPERTY DESCRIPTION: _____

_____

ARE ANY OTHER PEOPLE CHECKING THE PROPERTY? YES_____ NO_____

IF "YES", GIVE NAME, ADDRESS, AND PHONE:

_____ _____
_____ _____
_____ _____

PHONE NO. ( )_____ PHONE NO. ( )_____

EMERGENCY PHONE NUMBER: _____ (FOR CONTACTING YOU)

LOCATION OF OTHER RESIDENCE: CITY_____ STATE_____

DATE	TIME	REMARKS	OFFICER